MAXIMUS Federal Services

Case Number:	CM15-0030949		
Date Assigned:	02/24/2015	Date of Injury:	10/19/2010
Decision Date:	04/02/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/19/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56 year old male sustained an industrial injury on 10/19/10, with subsequent ongoing low back pain. The injured worker underwent lumbar decompression to L4-L5 and L5-S1 on 9/10/14. In a progress noted dated 1/7/15, the injured worker complained of pain 4/10 on the visual analog scale with medication and 10/10 without. The injured worker had completed 10-12 sessions of postoperative physical therapy that was noted to be very helpful. The injured worker could ambulate better with improved posture. The injured worker was trying to wean of use of walker. The injured worker reported occasional but improved lumbar spine pain. Physical exam was remarkable for lumbar spine with normal range of motion and strength, as well as 5/5 strength to all major muscle groups with intact sensation and range of motion and no instability. Current diagnoses included degeneration of intervertebral disc, peripheral neuritis and lumbar spine spinal stenosis. The treatment plan included ongoing physical therapy, continuing medications (Gabapentin, Norco, Prilosec and Fexmid), discontinuing Tramadol and adding Alleve. On 1/21/15, Utilization Review noncertified a request for Norco 10/325mg #120, unspecified refills citing Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. and Physician's Desk reference, 68th ed. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg #120, unspecified refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco since September 2014 without documentation of pain score trend. There is no indication of Tylenol failure. The continued use of Norco is not medically necessary.