

Case Number:	CM15-0036945		
Date Assigned:	03/05/2015	Date of Injury:	10/01/2007
Decision Date:	04/09/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/27/2015

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:

The injured worker is a 58-year-old female, who sustained an industrial injury on October 1, 2007. She has reported low back pain. The diagnoses have included lumbar sprain, strain, and post laminectomy syndrome of the lumbar spine, chronic pain and myofascial pain. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, medications, TENS unit and work modifications. Currently, the IW complains of chronic low back pain. The injured worker reported an industrial injury in 2007, resulting in chronic low back pain. She has been treated conservatively and surgically without resolution of the pain. Evaluation on January 3, 2015, revealed continued pain. A Toradol injection was administered for the low back pain, Evaluation on February 3, 2015, revealed continued pain. The treatment plan was continued and medications were renewed. Evaluation on March 3, 2015, revealed continued pain. The plan was to continue TENS unit use, to continue the home exercise plans, to refill medications and to continue physiotherapy. On February 9, 2015, Utilization Review non-certified a request for Norco 10/325 #46, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 25, 2015, the injured worker submitted an application for IMR for review of requested Norco 10/325 #46.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #46: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 first 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 for several months. There was no indication of Tylenol failure. A controlled substance agreement was not provided in the documents. In addition, Toradol injections were required along with TENS for breakthrough pain. The continued use of Norco is not medically necessary.