

Case Number:	CM15-0045234		
Date Assigned:	03/17/2015	Date of Injury:	05/06/1999
Decision Date:	04/17/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/10/2015

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 54 year old female, who sustained an industrial injury on May 6, 1999. The injured worker reported low back and left leg pain. The injured worker was diagnosed as having chronic lumbar spine pain and left lower extremity pain. Treatment and diagnostic studies to date have included lumbar fusion, psychological care and medication. A progress note dated January 15, 2015 the injured worker complains of chronic spine pain rated 6/10 which had not change since 2012 while on Morphine, Norco and NSAIDS. She uses medication and a Transcutaneous Electrical Nerve Stimulation (TENS) unit Physical exam notes improved gait, reduced spinal muscle spasms and decreased tenderness. The plan includes medication, Transcutaneous Electrical Nerve Stimulation (TENS) unit and follow up. The physician requested continuation of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco; Opioids.

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 numerous opioids for several years without significant improvement in pain or function. The continued use of Norco is not medically necessary.