MAXIMUS Federal Services

Case Number:	CM15-0045278		
Date Assigned:	03/17/2015	Date of Injury:	06/15/2007
Decision Date:	04/17/2015	UR Denial Date:	02/24/2015
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 53 year old male, who sustained an industrial injury on June 15, 2007. The injured worker was diagnosed as having chronic low back pain. Treatment to date has included physical therapy, which helped the injured worker with back spasm. The evaluating physician noted that an MRI of the lumbar spine on 9/21/2012 revealed multilevel degenerative disk changes, bilateral foraminal stenosis of L5-S1, central broad base disk protrusion at L3-L4 with moderate spinal stenosis, central small disk herniation with annular tear at L4-L5, and slight anterior listhesis at L5-S1. Currently, the injured worker complains of ongoing low back pain. He reports that he continues to do well using Norco. He reports that it continues to remain very effective and beneficial and improves his overall quality of life. The evaluating physician notes that there were no changes in objective findings. A urine drug screen from 10/21/2014 was consistent with his medication regimen. The treatment plan included Norco 10/325 #180 and Robaxin 750 #30 with modifications to his work status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, Chapter 6, Pain, Suffering and the Restoration of Function.

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 for over 6 months. There was no mention of a weaning trial or failure of Tylenol use. The continued and chronic use of Norco is not recommended as above and is not medically necessary.