

Case Number:	CM15-0045300		
Date Assigned:	03/17/2015	Date of Injury:	06/01/2007
Decision Date:	04/17/2015	UR Denial Date:	02/18/2015
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 68 year old male who sustained an industrial injury on 6/1/07. The injured worker reported symptoms in the back. The injured worker was diagnosed as having Left L2 radiculopathy with L2 dermatomal loss of sensation, Left I3 radiculopathy with left lower extremity weakness and decreased left I3 dermatomal sensation, left L4 radiculopathy with left lower extremity weakness, left lateral disc herniation, left paracentral and lateral disc protrusion, central and lateral disc bulge at L1-L2, right elbow lateral epicondylitis, right elbow internal derangement and status post right elbow surgery. Treatments to date have included status post right elbow surgery, oral pain medication, activity modification and oral analgesic. Currently, the injured worker complains of lower back. The plan of care was for a medication prescription and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: On-going Management & Weaning of Medications Page(s): 79, 124.

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 8 months. The progress notes repeated a standard documentation of 60% improvement with Norco without variation over several months. There was no indication of a weaning trail or failure on Tylenol. Long-term use is not recommended and the continued use of Norco is not medically necessary.