

Case Number:	CM15-0046410		
Date Assigned:	03/18/2015	Date of Injury:	08/29/2012
Decision Date:	04/20/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/11/2015

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 40 year old injured worker who sustained an industrial injury on 8/29/12 resulting in a lumbar spine injury. He currently complains of low back pain, left hip pain and left leg radicular pain which is improving. His pain intensity is 7-10/10. His activities of daily living are limited. Medications are gabapentin, Norco, Elavil, cyclobenzaprine and ibuprofen. Diagnoses include displacement of intervertebral disc without myelopathy; degeneration of lumbosacral intervertebral disc; lumbar post-laminectomy syndrome; 2 level discectomy (7/14); thoracic neuritis; lumbosacral radiculitis; fibromyositis; depression and chronic pain syndrome. Treatments to date include lumbar epidural steroid injection without benefit of pain relief, medications, pain psychologist and physical therapy without any appreciable improvement. In the progress note dated 1/22/15 the treating provider requests Norco noting that it reduces the injured workers pain by 50%, allows him to perform activities of daily living independently.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norco 10/325 mg #120 give on 1/22/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 on Norco for several months in combination with tri-cyclic, NSAIDs, muscle relaxants and anti-epileptics. The pain response to Norco is not noted and difficult to interpret. There is no mention of weaning attempt or Tylenol failure. The continued use of Norco on 1/22/12 is not medically necessary.

Retrospective Norco 10/325 mg #120 to fill on 2/21/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 on Norco for several months in combination with tri-cyclic, NSAIDs, muscle relaxants and anti-epileptics. The pain response to Norco is not noted and difficult to interpret. There is no mention of weaning attempt or Tylenol failure. The continued use of Norco on 2/21/15 is not medically necessary.