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| Case Number: | CM15-0046690 | | |
| Date Assigned: | 03/18/2015 | Date of Injury: | 09/24/1997 |
| Decision Date: | 04/20/2015 | UR Denial Date: | 02/19/2015 |
| 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 48 year old male, who sustained an industrial injury on September 24, 1997. He has reported lower back pain and bilateral leg pain. Diagnoses have included lumbar spine spondylosis, post laminectomy pain syndrome, bilateral IT band inflammation, depression, and chronic pain syndrome. Treatment to date has included medications, physical therapy, and lumbar laminectomy with fusion. A progress note dated February 3, 2015 indicates a chief complaint of lower back pain bilateral leg pain with numbness, and depression. The treating physician documented a plan of care that included medications and follow up in one month. The claimant had been on Norco and Soma for over 8 months, which were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 a year without significant improvement in pain (7/10 for over 6 months) or function. The continued use of Norco is not medically necessary.