

Case Number:	CM15-0051146		
Date Assigned:	03/24/2015	Date of Injury:	03/29/2010
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/18/2015

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 59-year-old male, who sustained an industrial injury on 3/29/2010. The details regarding the initial injury and prior treatments to date were not submitted for this review. Diagnoses include cervical spine disc space collapse at C5-6 and degenerative disc C6-7, bilateral carpal tunnel syndrome, multilevel disc herniation with neural foraminal narrowing, status post MCL reconstruction 1977, bilateral knee pain, bilateral ankle post traumatic arthritic changes, and sleep disorder. Currently, they complained of pain in the lumbar spine. On 2/6/15, the physical examination documented stiffness and spasm of the lower spine and cervical spine, with decreased range of motion. The plan of care included follow up with spine surgeon and a refill of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80.

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, there was no trial or failure of Tylenol mentioned. Pain scores were not noted. The continued use of Norco is not substantiated and not medically necessary.