

Case Number:	CM15-0051291		
Date Assigned:	03/24/2015	Date of Injury:	03/20/2013
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
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 64 year old male, who sustained an industrial injury on March 20, 2013. He reported low back pain. The injured worker was diagnosed as having lumbar disc displacement. Treatment to date has included medications, physical therapy, modified duty, acupuncture, and x-rays. The records indicate he has been utilizing Norco since at least April 30, 2014. On October 30, 2014 he was seen for continued low back pain. He reports a 25% improvement after acupuncture. He takes Naproxen twice daily and 2 tablets of Norco daily. The request is for Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

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 opioids including Vicodin for over 2 years without significant improvement in pain or function. In 2013 the average pain was 7/10. Currently, the average pain is 6/10 while on NSAIDS, Norco and Flexeril. Long-term use of opioids can lead to tolerance as noted in this case. There was no indication of Tylenol failure. The continued use of Norco is not medically necessary.