

Case Number:	CM15-0054359		
Date Assigned:	03/27/2015	Date of Injury:	01/15/1998
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/23/2015

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 54 year old female, who sustained an industrial injury on January 15, 1998. The injured worker had reported a low back injury. The diagnoses have included lumbosacral spondylosis, lumbar sprain, lumbago and lumbar degenerative disc disease. Treatment to date has included medications, radiological studies and lumbar injections. Current documentation dated January 20, 2015 notes that the injured worker reported increased low back pain due to canceled medications. The documentation notes that the injured worker had excellent pain control with her current medication regime. Physical examination revealed severe stiffness in the low back with pain going into her back and into the buttocks. Range of motion of the lumbar spine was noted to be decreased. The treating physician's plan of care included a request for the purchase of Hydrocodone/ APAP 10/325 mg # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF HYDROCO/APAP 10/325 #120: 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 over 2 years in combination with prior Morphine and NSAIDs. There was mention of recent denial of Norco from the insurance with return of pain. Comparative pain scores were not noted. Failure of Tylenol use was not noted. Currently, the claimant was only taking Gabapentin. Resumption of tricyclics, NSAIDs, etc and their pain control are not noted. The continued and chronic use of Norco is not medically necessary.