

Case Number:	CM15-0054445		
Date Assigned:	03/27/2015	Date of Injury:	03/04/1994
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
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 72-year-old female, who sustained an industrial injury on 3/4/94. She reported pain in the lower back related to lifting a heavy object. The injured worker was diagnosed as having lumbago and lumbar radiculitis. Treatment to date has included physical therapy, chiropractic treatment, lumbar epidural injections and oral and topical medications. As of the PR2 dated 3/2/15, the injured worker reports low back pain and some right hip pain. She indicated that her current medications decrease pain and increase activities of daily living. The treating physician noted tenderness and decreased range of motion in the lumbar spine. The treating physician requested to continue Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid. Decision based on Non-MTUS Citation ACOEM: Second Edition, Chapter 6. Official Disability Guidelines (ODG) TWC, Treatment Intergrated Treatment/Disability Duration Guidelines , Pain (Chronic), Online version.

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 first 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 and Fentanyl for over 5 months without significant improvement in pain (persistent 7/10 with medications) or function. There is no mention of Tylenol failure or Motrin failure. The continued use of Norco is not medically necessary.