

Case Number:	CM15-0056085		
Date Assigned:	04/01/2015	Date of Injury:	07/22/2013
Decision Date:	05/01/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/24/2015

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 58 year old male who sustained an industrial injury on 7/22/2013. His diagnoses, and/or impressions, include lumbosacral disc protrusion - with aggravation of symptoms; lumbar muscle spasm; lumbar musculoligamentous injury; aggravation of discogenic mechanical low back/lumbar pain with annular tear; lumbar radiculopathy; sleep disturbance/insomnia, anxiety and depression. Current magnetic resonance imaging studies were noted done on 2/20/2015. His treatments have included home H-wave therapy - ineffective; consultations; and medication management. The physician's report of 3/9/2015 notes complaints of moderate low back pain with the inability to walk, stand, sit, bend or lift. No surgical intervention was noted recommended due to no substantial findings being noted on the current magnetic resonance imaging study, as compared to the original magnetic resonance imaging study of 12/10/2013; therefore the physician's treatment requests included Norco as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1, three (3) times per day, as needed, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

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 in combination with Tramadol (another opioid) and Naproxen. Pain was noted to be severe 6/10 and unchanged from prior visits as documented on 2/9/2015. The claimant had been on the combination of medications for several months. Long-term use can lead to tolerance and addiction. Continued use is not medically necessary.