

Case Number:	CM15-0059670		
Date Assigned:	04/06/2015	Date of Injury:	05/14/1998
Decision Date:	05/04/2015	UR Denial Date:	03/21/2015
Priority:	Standard	Application Received:	03/30/2015

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 66 year old female, who sustained an industrial injury on May 14, 1998. She has reported lower back pain and left leg pain. Diagnoses have included lumbar spine post laminectomy syndrome and chronic pain syndrome. Treatment to date has included medications, physical therapy, multiple spinal surgeries, multiple epidural steroid injections, psychotherapy, and imaging studies. A progress note dated March 5, 2015 indicates a chief complaint of lower back pain and left leg pain. The treating physician documented a plan of care that included medications with adjustments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

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 and Fentanyl for several months. In January 2015, the claimants pain was noted to be getting worse and then stabilized in March 2015. There has not been continued improvement in pain or function. Weaning attempt to Tylenol failure was not mentioned. The continued use of Norco is not medically necessary.