

Case Number:	CM14-0148142		
Date Assigned:	09/18/2014	Date of Injury:	03/15/2011
Decision Date:	11/13/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

60 yr. old female claimant sustained a work injury on 3/15/11 involving the low back. She was diagnosed with disc herniation of L4-L5, spinal stenosis and moderate neural foraminal compromise. Her pain had been treated with opioids (Percocet 10/325 ,g) since at least January 2014. A progress note on 8/13/14 indicated the claimant had persistent low back pain. Activity level remained unchanged. Exam findings were notable for restricted range of motion, pain on palpation of the paravertebral muscles, a positive right sided straight leg raise and tenderness over the coccyx. She was placed on Norco 10/325 mg TID for a month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90: 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 Percocet for a several months without significant improvement in pain or function from prior examinations. Not one opioid is found superior to another. Chronic and long-term opioid use is not recommended. The use of Norco is not medically necessary.