

Case Number:	CM14-0182590		
Date Assigned:	11/07/2014	Date of Injury:	03/04/2004
Decision Date:	12/11/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/03/2014

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 Practice 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:

This is a 63-year-old male injured worker who sustained a work related injury on March 4, 2004 involving the low back. He was diagnosed with lumbar radiculopathy. A progress note on October 28, 2014, indicated the injured worker had 8/10 pain without medications and 3/10 pain with medications. He had been on Norco and Neurontin at the time but had stopped Motrin. Examination was not done on that visit. The injured worker is notable to be active and very functional. His pain level and objective findings were identical to a June 14, 2014 progress note. He was to remain on his Neurontin and Norco 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 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 injured worker has been on Norco for several months along with Neurontin and a non-steroidal anti-inflammatory drug (NSAID) were recently added. There is no indication for combining multiple meds and the individual response to each one was not identified. Therefore, this request is not medically necessary.