

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0049606 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 04/18/2001 |
| Decision Date: | 08/22/2014 | UR Denial Date: | 03/31/2014 |
| Priority: | Standard | Application Received: | 04/17/2014 |

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:

A 50 years old male claimant sustained a work injury on 4/18/01 involving the low back, and both knees. He was diagnosed with sacroiliac dysfunction, lumbar disc disease and arthrodesis of L5-S1. A progress note on 2/27/14 indicated the claimant had pain in the involved regions. He had undergone a prior facet block. Physical findings were notable for tenderness in the lower lumbar region and pain on the left side with a FABER (Flexion in Abduction and External Rotation) and GABRE test. He was started on Norco 10 mg as needed BID (Twice a day) for pain. He had been on Non-Steroid Anti-Inflammatory Drugs (NSAIDs) for several months and they were to be continued as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: 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 at 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. A limitation of current studies is that there are virtually no repeated dose analgesic trials for neuropathy secondary to lumbar radiculopathy. A recent study that addressed this problem found that chronic lumbar radicular pain did not respond to either a tricyclic antidepressant or opioid in doses that have been effective for painful diabetic neuropathy or post herpetic neuralgia. In addition, when initiating opioids, start with the lowest effective dose possible. The claimant had been started on 10 mg instead of 5 mg. Based on the above; the request of Norco 10/325mg #60 is not medically necessary and appropriate.