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| Case Number: | CM14-0103773 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 05/28/2003 |
| Decision Date: | 06/23/2015 | UR Denial Date: | 06/12/2014 |
| Priority: | Standard | Application Received: | 07/07/2014 |

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. 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 61-year-old male, who sustained an industrial injury on 5/28/03. The injured worker has complaints of neck and lower back pain with non-constant pain reported in his feet and legs. The documentation noted that the injured workers neck was slightly tender posteriorly and slight paraspinal muscle spasm was present. The diagnoses have included neck pain of the strain/sprain variety associated with cervical disc disease; upper back pain of the strain/sprain variety associated with thoracic disc disease, T6-7 and T9-10 and low back pain of the strain/sprain variety associated with lumbar disc disease, L3-4, L4-5 and L5-S1 (sacroiliac). Treatment to date has included norco; Elavil; complete fusion at C4-5, C5-6 and C6-7; epidural steroid injection and status post anterior cervical vertebrectomy C5 complete, C6 incomplete, with C4 through C7 three-level disc resection fusion instrumentation. The request was for norco 10/325mg, amount not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, amount not specified: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical 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 claimant had been on Norco for with other analgesics for over a year and only a 2-point improvement in pain scores. There is no indication of failure of lower dose, Tylenol use and specified amount. The Norco is not medically necessary.