

Case Number:	CM14-0109755		
Date Assigned:	08/01/2014	Date of Injury:	03/14/2002
Decision Date:	06/22/2015	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/15/2014

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 71-year-old female, who sustained an industrial injury on 3/14/2002. She reported neck, and back pain from lifting a patient. The injured worker was diagnosed as having spinal stenosis of lumbar, post laminectomy syndrome of neck and lumbar, cervical spondylosis without myelopathy, sciatica, cervical spinal stenosis, chronic pain syndrome, lumbar spondylosis with myelopathy, cervical and lumbar degenerative disc, lumbago, and shoulder localized osteoarthritis. Treatment to date has included medications, magnetic resonance imaging, cervical fusion, lumbar laminectomy and fusion, injections, and physical therapy. She is retired now. The request is for Norco. The records indicated she was started on Norco on 10/22/2013. On 2/26/2014, she complained of neck, shoulder and low back pain. She rated her pain to be at its worst 9/10, least pain 6-7/10, and usual pain 8-9/10. On 4/23/2014, she complained of bilateral low back pain, bilateral neck pain, and bilateral shoulder pain. She is reported to have failed to respond to multiple sessions of physical therapy including pool therapy. She rated her current pain as 8/10 at its worst, least pain 6/10, and usual pain 8/10. She reported her pain to be worsened, sleep pattern remained the same and functionality the same. Her shoulder pain is described as sharp and stabbing with no radiation. Her neck pain is described as aching and knots, and worsened when she turns her head or picks something up with her hands. She indicated the pain is relieved by heat, rest, and Soma. Her low back pain is described as sharp and stabbing, and is relieved by Soma. She is noted to have trigger points present particularly in the left hip, negative straight leg raise testing, and tenderness over the low

back. The treatment plan included Trazodone, Norco, Flexeril, Amitriptyline, and Celebrex. Several pages of the medical records are for dates of services after the UR report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, qty 120 with 1 refill: 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 Norco for a year with worsening pain. In addition, the claimant had been on opioids for several years indicating tolerance and decreased effectiveness. Continued use of Norco is not justified and not medically necessary.