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| Case Number: | CM14-0063661 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 06/22/1999 |
| Decision Date: | 05/26/2015 | UR Denial Date: | 04/30/2014 |
| Priority: | Standard | Application Received: | 05/06/2014 |

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 62 year old male who sustained an industrial injury on 06/22/99. Initial complaints and diagnoses are not available. Treatments to date include medications, an epidural injection, and back surgery. Diagnostic studies include a CT myelogram and a MRI. Current complaints include constant back pain. Current diagnoses include low back pain. In a progress note dated 04/15/14 the treating provider reports the plan of care as Norco, an epidural injection, and physical therapy. The requested treatment is Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription for Norco 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, 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 over a year in combination with NSAIDS (recently Mobic). The pain drops from 10/10 to 7/10 with use of all meds. There is no indication of direct benefit of Norco. In addition, there is no indication of Tylenol or Tricyclic failure. Continued use of Norco is not medically necessary.