

Case Number:	CM14-0080718		
Date Assigned:	07/18/2014	Date of Injury:	10/11/2000
Decision Date:	06/05/2015	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/02/2014

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 53 year old female, who sustained an industrial injury on 10/11/2000. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar radiculopathy, lumbar spinal degenerative disc disease, and cervical pain. Treatment to date has included home exercise program, laboratory studies, x-ray of the cervical spine, magnetic resonance imaging of the lumbar spine, medication regimen, and bilateral lumbar transforaminal epidural steroid injections. In a progress note dated 12/23/2013 the treating physician discontinued Vicodin 5/500mg as needed for breakthrough pain due to medication not being produced by manufacturer and prescribed the medication of Norco 5/234 as needed for breakthrough pain noting that previous use of Vicodin was effective for pain relief. In a progress note dated 05/19/2014 the treating physician reports complaints of neck and back pain that radiates to the bilateral legs. The treating physician notes moderate cervical lordosis with restricted range of motion along with tenderness and tightness to the bilateral paravertebral muscles. The lumbar spine is also noted for restricted range of motion along with tenderness to the bilateral paravertebral muscles. The pain is rated a 7 on a scale of 1 to 10 on her medication regimen and an 8 on a scale of 1 to 10 without her medication regimen. The injured worker noted that without her pain medication regimen which includes the medication Norco, she is more sedentary and is unable to continue activities of daily living. The treating physician also notes an increase in the injured worker's activity level. The treating physician requested the medication Norco 5/325mg with a quantity of 90 with 2 Refills for use with breakthrough pain noting that this medication allows the injured worker to be independent with activities of daily living and she has a higher level of function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5-325mg, #90 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Cervical and Thoracic Spine Disorders and ACOEM Low Back Disorders.

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 Hydrocodone (in the form of Vicodin) for over a year without significant improvement in pain or function. No one opioid is superior to another. The continued use of Norco and chronic use of opioids are not medically necessary.