

Case Number:	CM15-0106522		
Date Assigned:	06/10/2015	Date of Injury:	10/13/2010
Decision Date:	07/15/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/02/2015

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 54 year old male, who sustained an industrial injury on 10/13/2010. Initial complaints and diagnosis were not clearly documented. On provider visit dated 05/01/2015 the injured worker has reported back pain. On examination of the lumbar spine revealed tenderness bilateral paraspinal with hypertonicity- bilateral. The diagnoses have included lumbar spine strain/sprain. Treatment to date has included laboratory studies, injections and medication including Norco, Cymbalta, Lorazepam, Ambien, Omeprazole and topical compound. The injured worker was noted to be temporary totally disabled. There was no clear evidence of any significant reduction in pain level or improvement in functional capacity. The provider requested Norco 10/325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue 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 over 6 months. Failure of NSAIDs, Tylenol or Tricyclics were not noted. The Norco was described to benefit some in function but pain score response was not noted. Continued and chronic use of Norco is not medically necessary.