MAXIMUS Federal Services

Case Number:	CM15-0015449		
Date Assigned:	02/03/2015	Date of Injury:	03/19/2008
Decision Date:	03/20/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/27/2015

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 60 year old female, who sustained an industrial injury on 03/19/2008. She has reported subsequent neck and back pain and was diagnosed with status post multiple lumbar surgeries with lumbar radiculopathy, headaches and probable cervical radiculopathy. Treatment to date has included oral and topical pain medication, chiropractic therapy, physical therapy, injections and acupuncture. Norco was a chronic medication since at least 07/25/2014. In a progress note dated 11/14/2014, the injured worker continued to report neck pain that was rated as 7-8/10. Objective examination findings were notable for an antalgic gait, diffuse tenderness to palpation of the cervical and lumbar spine, decreased sensation in the right C6 and C8 dermatomes and left C5-C8 dermatomes, decreased sensation in the bilateral lower extremities at left L3-S1 and positive straight leg raise on the left at 60 degrees with positive slump test on the left side. Norco was noted to decrease pain and to allow the injured worker to walk longer. A request for authorization of a refill of Norco was made. On 12/24/2014, Utilization Review non-certified a request for Norco 10/325 mg #90, noting that there was no documentation as to why the injured worker was prescribed both Norco and Codeine/APAP since both contain a short-acting opioid. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 90: 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 since at least 2013 . There is no indication of Tylenol failure or tolerance to weaning. Long-term us can lead to addiction and tolerance. The continued use of Norco is not medically necessary.