

Case Number:	CM15-0015889		
Date Assigned:	02/03/2015	Date of Injury:	09/26/2011
Decision Date:	03/27/2015	UR Denial Date:	01/12/2015
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 57 year old male who sustained an industrial injury on September 26, 2011. He has reported lower back pain and has been diagnosed with herniated nucleus pulposus of the lumbar spine, lumbar stenosis, degeneration of lumbar disc. Treatment has included a TENS unit, medications, physical therapy, aqua therapy, and epidural injection. Currently the injured worker complains of low back pain rated a 6/10 with radiation of stabbing pain to the inner region of the left thigh and numbness in the outer region of the left calf. The claimant had been on Norco in April 2013 at which time the the Norco was noted not to be helping. The claimant had been on Oxycodone subsequently afterwards at which time in 3/2014, the pain was 8/10 . On January 12, 2015 Utilization Review non certified Norco 10/325 mg # 120 citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Opioids Page(s): 91, 76, 78-80, 124.

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 a year with inconsisten pain response. Their was no indication to Tylenol failure. The continued use of Norco is not medically necessary.