

Case Number:	CM15-0019801		
Date Assigned:	02/09/2015	Date of Injury:	05/19/2014
Decision Date:	03/25/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	02/02/2015

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 52 year old, female patient, who sustained an industrial injury on 05/19/2014. A podiatric follow up visit dated 12/09/2014 reported the patient stating she is improved and only experiences pain if she ambulates for hours. She is being seen on follow up for a right 5th metatarsal fracture. Physical examination found no swelling, no pain; benign examination. The impression is noted as resolved right 5th metatarsal fracture. The plan of care involved an aircast brace for stability, Mobic 7.5 MG, Norco 5MG and to remain off from work until 12/15/2014; At which time she will resume regular working duties. On 12/26/2014, a request was made for Norco 5 MG. On 12/30/2014 Utilization Review non-certified the request, noting both the CA MTUS Chronic Pain, Opioids and the ODG Guidelines, Pain, Chronic, Hydrocodone were cited. The injured worker submitted an application, on 02/02/2015 for independent medical review of requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 May 2014. VAS pain scores and failure of Tylenol or NSAID use were not noted. The claimant was noted to have continued pain despite long-term Norco use indicating likely tolerance to medication. The continued use of Norco is not medically necessary.