

Case Number:	CM15-0111352		
Date Assigned:	06/17/2015	Date of Injury:	08/24/2011
Decision Date:	07/16/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/09/2015

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 53 year old female who sustained an industrial injury on 08/24/2011. The injured worker was diagnosed with chronic pain syndrome, lumbar spondylosis, lumbar post laminectomy syndrome and depression. The injured worker is status post right total hip replacement for a labral tear in September 2014 and a L4-5 fusion, discectomy and decompression (2013). Treatment to date has included diagnostic testing, surgery, lumbar epidural steroid injections, surgery, psychiatric evaluation and treatment, physical therapy and medications. According to the primary treating physician's progress report on May 5, 2015, the injured worker continues to experience low back pain, which radiates to the bilateral buttocks, thigh, hip and leg. The injured worker denies numbness and tingling and rates the pain at 2/10 with medications and 8/10 without medications. Examination of the lumbar spine demonstrated bony tenderness present with decreased range of motion. There was facet loading with lateral rotation and thoraco-lumbar extension, which reproduced axial low back pain. Motor, sensory and deep tendon reflexes were intact bilaterally. The injured worker was noted to have an analgesic gait and ambulated with a cane. Current medications are listed as Norco, Neurontin and Pristiq ER. Treatment plan consists of continuing with the medication regimen and the current request for Norco 10/325mg renewal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 78, 86.

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 without indication of Tylenol/NSAID or Tricyclic failure. Continued and chronic use of Norco is not recommended and not medically necessary.