

Case Number:	CM15-0112790		
Date Assigned:	06/19/2015	Date of Injury:	01/14/2009
Decision Date:	07/17/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/11/2015

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 42 year old male who sustained an industrial injury on 01/14/2009. Current diagnoses include status post L5-S1 laminectomy/discectomy for recurrent free fragment, L5-S1 disc desiccation with interspace narrowing, and L4-5 moderate posterior central disc tear. Previous treatments included medication management, lumbar surgery on 02/26/2015, and physical therapy. Previous diagnostic studies include laboratory evaluations. Report dated 03/12/2015 noted that the injured worker presented for follow up noting that since surgery his back pain has significantly improved, and no longer has that "vice gripping feeling" and no longer has radiating leg pain or numbness and tingling. It was noted that the injured worker takes Percocet 5/325 mg, six tablets per day. Pain level was 6 out of 10 on the visual analog scale (VAS). Physical examination was negative for abnormalities. The treatment plan included request for Percocet and post-operative physical therapy, continue taking Robaxin, and advised to avoid lifting, carrying, pushing, and pulling. Disputed treatments include Norco.

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 ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Criteria for use of opioids, Weaning. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, 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 in the past 5 months and then recently on Percocet. No one opioid is superior to another. In addition, there was no mention of failure of 1st line medications. The continued and chronic use of opioids such as Norco is not recommended and not medically necessary.