

Case Number:	CM15-0114302		
Date Assigned:	06/22/2015	Date of Injury:	09/28/2001
Decision Date:	07/21/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/12/2015

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:

This 44-year-old male sustained an industrial injury on 9/28/01. He subsequently reported back pain. Diagnoses include lumbar discopathy and facet syndrome. Treatments to date include x-ray and MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience low back stiffness and pain. Upon examination, there was tenderness in the center of the lower lumbar spine and over the L3-S1 facets. Gait was normal and strength was 5/ 5 in all regions. Straight leg raise was slightly positive. Fabere's maneuver was positive bilaterally and Patrick's was positive on the right. The treating physician made a request for Norco medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10-325mg #180 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 several months and within one month (from March 2015 to April 2015), the claimant's pain went from 1/10 to 5.109 while on Norco indicating tolerance development. In addition, there was no mention of weaning failure or Tyleno/Tricyclic failure. Continued and chronic use of Norco is not medically necessary.