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| Case Number: | CM15-0117613 | | |
| Date Assigned: | 06/25/2015 | Date of Injury: | 03/17/1993 |
| Decision Date: | 07/24/2015 | UR Denial Date: | 06/17/2015 |
| Priority: | Standard | Application Received: | 06/18/2015 |

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 61 year old male sustained an industrial injury on 3/17/93. He subsequently reported low back pain. Diagnoses include chronic low back pain with a history of lumbar discectomy and fusion. Treatments to date include x-ray and MRI testing, back surgery, acupuncture, injections, physical therapy and prescription pain medications. The injured worker continues to experience low back pain. Upon examination, he is in no acute distress. Deep tendon reflexes are equal and symmetric in the bilateral patella which is 0 to 1 plus. There are no upper tract findings. The patient is slowly transferring on and off the examination table and slowly ambulates into and out of the examination room. A request for Norco 10/325mg #60 and Norco 10/325mg #60 DND until 7/3/15 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management of Opioids Page(s): 78-81, 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. There was no indication of weaning attempt, Tylenol or NSAID failure. Long-term use is not indicated and the Norco is not medically necessary.

Norco 10/325mg #60 DND until 7/3/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
On-going management of Opioids Page(s): 76-81, 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. There was no indication of weaning attempt, Tylenol or NSAID failure. In addition, future pain response cannot be determined to allow for an advance prescription for future refill. Long-term use is not indicated and the Norco with a do not dispense order till 7/3/15 is not medically necessary.