

Case Number:	CM15-0121667		
Date Assigned:	07/02/2015	Date of Injury:	04/30/1997
Decision Date:	07/31/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/23/2015

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 55 year old female sustained an industrial injury on 4/30/97. She subsequently reported neck and back pain. Diagnoses include cervical disc herniation, lumbar disc herniation and lumbar spinal stenosis. Treatments to date include x-ray and MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience neck and low back pain. Upon examination, there is palpable tenderness and muscle spasm noted in the paraspinals of the lumbar spine. There is palpable tenderness over the midline and paraspinal muscles of the cervical spine. Range of motion in the cervical and lumbar spines is diminished. Straight leg testing is negative. A request for Norco medication 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 5/325mg #60 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. The claimant had previously been on NSAIDs and Tylenol. Failure of these medications was not elaborated. In addition, the claimant is currently on Tramadol along with Norco and NSAIDS. Pain scores were not routinely documented. Long-term use of Norco is not recommended and combined use with Tramadol is not justified. The continued use of Norco is not medically necessary.