

Case Number:	CM15-0121856		
Date Assigned:	07/06/2015	Date of Injury:	06/04/2004
Decision Date:	07/31/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/24/2015

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 54 year old male, who sustained an industrial injury on 6/4/2004. He reported falling off a ladder onto his back side of his neck, low back and head. Diagnoses have included neck pain, headaches, intermittent right shoulder pain, intermittent medial epicondylitis, low back pain, right knee pain and bilateral ankle pain. Treatment to date has included physical therapy, magnetic resonance imaging (MRI) and medication. According to the progress report dated 6/4/2015, the injured worker complained of ongoing neck, back and shoulder pain. It was noted that his medications had not been filled for approximately two months. He rated his pain level as 9/10 on average. Current medications included Norco, Effexor, Neurontin and Lunesta. Objective findings were noted to be no significant change. The previous physical exam noted ongoing tenderness to the cervical paraspinal muscles. There was ongoing tenderness and myofascial spasm on the lumbar paraspinal muscles. Authorization was requested for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5.325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 Tramadol and Norco for several months. The claimant had not been on analgesics for 2 months at the time of Norco request. However, there was no mention of Tylenol or NSAID failure. Long-term use is not recommended. The request to resume Norco is not medically necessary.