MAXIMUS Federal Services

Case Number:	CM15-0122171		
Date Assigned:	07/06/2015	Date of Injury:	03/03/2012
Decision Date:	07/31/2015	UR Denial Date:	06/08/2015
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:

This injured worker is a 29 year old female, who reported an industrial injury on 3/3/2012. His diagnoses, and or impressions, were noted to include: lumbar discogenic pain syndrome; lumbosacral degenerative disc disease; lumbar radicular pain; low back pain; numbness in both legs; and depression. No current imaging studies are noted. His treatments were noted to include chiropractic treatments; lumbar epidural steroid injections - effective x 5 months; a home exercise program; medication management; and modified work duties. The progress notes of 4/27/2015 reported re-evaluation for complaints of worsened, moderate low back pain status-post lumbar epidural steroid injection on 3/17/15 which provided 50% relief, x 4 weeks, allowing for her to better tolerate activities and take less medication; she also stated that chiropractic treatments and medications were helpful for flare-ups and severe pain. Objective findings were noted to include: morbid obesity; no acute distress; a slowed gait; moderate tenderness over the par-spinals, positive right straight leg raise, and diminished sensation on the right lumbar spine; and limited active lumbar range-of motion due to weight and pain. The physician's requests for treatments were noted to include the continuation of Norco.

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.

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 along with NSAIDS for over 2 years and still required invasive procedures such as ESI for pain relief. There was no mention of Tylenol or Tricyclic failure or weaning response. Long-term use is not recommended. The continued use of Norco is not medically necessary.