

Case Number:	CM15-0172383		
Date Assigned:	09/14/2015	Date of Injury:	04/21/2011
Decision Date:	10/13/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/01/2015

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 36 year old female, who sustained an industrial injury on 4-21-2011. The injured worker was diagnosed as having discogenic lumbar condition with radicular component down the left lower extremity with electromyogram being positive in 2012, hip joint inflammation with magnetic resonance imaging negative for labral tear (injection gave her relief of long term duration but recurrence of problem), and due to chronic pain and inactivity, an element of depression, stress, and weight gain. Treatment to date has included diagnostics, injections, and medications. Currently (7-30-2015), the injured worker complains of pain in her lumbar spine and down her left lower extremity, at times making it buckle. Her pain was not rated. She had limitation with bending, sitting, standing, walking, and forceful activities. Standing was up to 35 minutes, sitting was up to an hour, and walking was roughly 30 minutes every other day. Lifting was no greater than 15-20 pounds. She had access to hot-cold wrap and a transcutaneous electrical nerve stimulation unit. Objective findings noted tenderness along the left groin, the ability to squat "minimally", tenderness along the lumbosacral area, as well as the left hamstring, left buttock, and left calf. Reflexes were depressed at the ankles and straight leg raise was positive at 50 degrees and weakness of the quadriceps and hamstring on the left side. Her current medication regimen was not documented. She was currently not working. Urine toxicology in June was documented as consistent with Norco use. The treatment plan included the continued use of Norco 10-325mg #90 (since at least 2-27-2015 at which time pain was also not rated).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

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 intermittently for over 6 months with times of Tramadol and Norco use. No one opioid is superior to another. There was no mention of Tylenol or Tricyclic failure. There was mention of weaning but no weaning protocol or reduction in dosage was noted. The continued use of Norco is not medically necessary.