

Case Number:	CM15-0176329		
Date Assigned:	09/17/2015	Date of Injury:	12/11/2011
Decision Date:	10/20/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/08/2015

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 57 year old male, who sustained an industrial injury on December 11, 2011. Medical records indicate that the injured worker is undergoing treatment for pain in the joint of the left ankle-foot, central pain syndrome, disturbance of skin sensation and other chronic pain. The injured worker is currently working full duty. Current documentation dated August 4, 2015 notes that the injured worker reported ongoing left foot pain extending to the distal one fourth of the leg. Tenderness remains the same. The injured worker ambulated with a limping gait. The pain was rated 7-8 out of 10 without medications and 3 out of 10 with medications. The injured worker was able to perform activities of daily living such as shopping and gardening with medications. Without medications the injured worker is unable to function. Documentation dated April 14, 2015 notes the injured workers physical condition to be unchanged and documentation dated June 9, 2015 noted no change in the injured workers pain level. Documented treatment and evaluation to date has included medications, a urine toxicology screen and left foot surgery. Current medications include Topamax, Gabapentin and Norco (since at least February of 2015). The treating physician's request for authorization dated August 24, 2015 includes requests for Norco 10-325 mg one every six hours # 120 and Norco 10-325 mg # 120 (9-1-15). The Utilization Review documentation dated August 31, 2015 modified the requests to Norco 10-325 mg one very six hours # 60 (original request # 120) and Norco 10-325 mg # 40, 9-1-2015 (original request # 120).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

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 but unknown exact length of time without consistent documentation of pain scores. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

Norco 10/325mg #120 (9/1/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

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 but unknown exact length of time without consistent documentation of pain scores. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco on 9/1/15 is not medically necessary.