

Case Number:	CM15-0177452		
Date Assigned:	09/18/2015	Date of Injury:	02/12/2009
Decision Date:	10/20/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/09/2015

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 65 year old male, who sustained an industrial injury on February 12, 2009. He reported an injury to his right ankle in a slip and fall incident. He subsequently developed a deep vein thrombosis. On August 4, 2015 the injured worker reported right lower leg and right ankle pain. He rated his pain level with medications a 6 on a 10-point scale and a 7 on a 10-point scale without medications. His pain level remained unchanged since his previous evaluation. The injured worker reported that his quality of sleep was poor and his activity level was decreased. His current medications include Colace 100 mg, Lidoderm 5% patch, Norco 10-325 tablet, Vitamin D3 5000 Unit, Coumadin 5 mg, Coumadin 7.5 md, Niacin 500 mg, Omeprazole Dr 20 mg, Paxil 30 mg, Simvastatin 80 mg, Terazosin 20 Mg, Nexium, Fish Oil, Aspirin 81 mg, and Wellbutrin 100 mg. The documentation reveals the injured worker has used Norco 10-325 mg since at least April 3, 2012. On physical examination the injured worker had a right-side push off antalgic gait. Although he had right lower extremity pain he was able to ambulate without a cane. He had a restricted lumbar spine range of motion with flexion to 60 degrees and extension to 24 degrees, and normal bilateral lateral bending. He had tenderness to palpation over the paravertebral muscles on the right side. The injured worker had a positive lumbar facet loading test on the right. FABER test was positive. The injured worker was diagnosed as having pain in limb and chronic back pain. Treatment to date has included opioid medications, diagnostic imaging, casting, and anti-coagulation therapy. A request for authorization for Norco 10-325 mg #60 was received on August 4, 2015. On August 10, 2015, the Utilization Review physician modified Norco 10-325 mg #60 to Norco 10-325 mg #30.

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 Medical Treatment 2009.

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 over 2 years without significant improvement in pain (persistent 8/10) or function. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.