

Case Number:	CM15-0178107		
Date Assigned:	09/18/2015	Date of Injury:	03/07/2012
Decision Date:	10/22/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/10/2015

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 49 year old female sustained an industrial injury on 3-7-12. Documentation indicated that the injured worker was receiving treatment for low back pain, lumbar disc protrusion and radiculopathy with right lower extremity pain. Previous treatment included physical therapy, epidural steroid injections and medications. Magnetic resonance imaging lumbar spine (4-1-15) showed multilevel disc desiccation with collapse of the L5-S1 disc space and endplate osteophytes. In a PR-2 dated 12-8-14, the injured worker complained of ongoing low back and right leg pain. The injured worker stated that her ability to perform activities of daily living was severely limited due to pain. Physical exam was remarkable for lumbar spine range of motion about 50% decreased in bilateral lateral bending, flexion and extension. The treatment plan included continuing Norco and Xanax. In PR-2's dated 6-30-15 and 7-28-15, the injured worker rated her pain 8 to 9 out of 10 on the visual analog scale without medications and 7 out of 10 with medications. In a PR-2 dated 8-25-15, the injured worker complained of ongoing low back pain with radiation to the right lower extremity. The injured worker stated that since her last follow-up appointment her pain had gotten worse every day. The injured worker stated that medications (Norco and Xanax) improved her pain from 8 to 9 out of 10 on the visual analog scale to 7 out of 10, giving her temporary and helped her complete tasks. The physician noted that the injured worker had difficulties with almost all activities of daily living. The injured worker could not bend, get dressed, take a shower or put on shoes because of pain. The injured worker did not carry or lift anything. The injured worker had seen a surgeon who felt she might be a surgical candidate. Physical exam was remarkable for lumbar spine with pain to palpation

at L4-5 and L5-S and range of motion decreased by 50% with pain on flexion, extension and bilateral lateral bending. The physician noted that the surgeon recommended electromyography of the right lower extremity and possible L5-S1 epidural steroid injections. The injured worker was requesting a third surgical opinion. The injured worker had been taking Xanax and Norco since at least 12-8-14. The treatment plan included requesting authorization for a 3rd surgical opinion for the lumbar spine and renewing medications (Norco and Xanax). 8-27-15, Utilization Review noncertified a request for a request for Norco 10-325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10-325 MG #180: 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 several months without significant improvement in pain scores. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.