

Case Number:	CM15-0026160		
Date Assigned:	02/18/2015	Date of Injury:	10/30/2009
Decision Date:	04/02/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/11/2015

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 51 year old female, who sustained an industrial injury on 10/30/2009. The diagnoses have included lumbago, backache unspecified, cervicobrachial syndrome and brachial neuritis. Treatment to date has included medication. A progress report dated 11/4/2014 documents that the injured worker complained of low back pain radiating to her hip. The treatment plan was to transfer care for pain management. A progress note on 12/2/14 indicated the claimant was on Norco and Coma but the pain was "really bad" and the medications were not working. According to the Primary Treating Physician's Progress Report dated 2/2/2015, the injured worker complained of back pain radiating down the right lower extremity. The injured worker described the pain as sharp. She reported that Norco helped her with her activities of daily living. The injured worker claimed to have full range of motion in the lumbar spine. Objective findings revealed lumbar spine pain with positive straight leg raise and numbness in right leg down to ankle. Treatment plan was to refill medication, Norco 10/325 and Soma 350mg. On 2/9/2015, Utilization Review (UR) non-certified a request for Norco 10/325mg #90. The Medical Treatment Utilization Schedule (MTUS) was cited.

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 Treatment Guidelines
Page(s): 91.

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 for over a year without significant improvement in pain or function. Prior pain levels from early 2014 was 8-10/10 on Norco. The pain was "bad" and persisted without improvement up to March 2015. The continued use of Norco is not medically necessary.