

Case Number:	CM15-0029321		
Date Assigned:	02/23/2015	Date of Injury:	06/20/2000
Decision Date:	04/01/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/18/2015

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 45 year old male injured worker suffered and industrial injury on 6/20/2000. The diagnoses were post laminectomy syndrome. The diagnostic studies were electromyography, magnetic resonance imaging of the left and right knee. The treatments were the treating provider reported ongoing debilitating pain in the lower back radiating down to both lower extremities. Pain was rated 10/10 without medications and 7/10 with medications. The injured worker continued to complain of neck pain and pain in both knees. On exam there is tenderness of the cervical spine and lumbar spine with reduced range of motion The Utilization Review Determination on 1/30/2015 non-certified Norco 10/325mg #120, MTUS, ACOEM, ODG.

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: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 since at least 2/2013 along with MSContin without significant improvement in pain or function. In addition, the claimant exceeded the maximum Morphine equivalent of 120 mg daily while on Norco and MSContin. Long-term use is not indicated and there is no indication of failure of Tylenol use for breakthrough pain. The continued use of Norco is not medically necessary.