

Case Number:	CM15-0069789		
Date Assigned:	04/17/2015	Date of Injury:	04/23/2003
Decision Date:	05/18/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/13/2015

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 44 year old male, who sustained an industrial injury on 4/23/03. He reported pain in the cervical spine, thoracic spine, and lumbar spine. The injured worker was diagnosed as having status post L5-S1 fusion with hardware, chronic left S1 nerve root neuritis, and severe left-sided thoracic muscle spasms. Treatment to date has included medications. A report dated 11/6/14 noted pain was reduced with Norco from 7-8/10 to 3-4/10. A report dated 2/25/15 noted Norco decreased pain from 7/10 to 3-4/10. A physician's report dated 3/18/15 noted pain was reduced from 7/10 to 3/10 with Norco and Tramadol. Currently, the injured worker complains of thoracic and lumbar spine pain. The treating physician requested authorization for Norco 10/325mg #90.

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 Opioids.

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 pain reduction indicates inconsistencies in response. There is mention of pain reduction with NSAIDs from 8 to 5, from 7-4 with Soma and 7 to 3 with Norco. It is difficult to determine the combined effect. There is no indication of Norco response to a lower dose or Tylenol. The claimant had been on Norco for several months. The continued use of Norco as prescribed is not medically necessary.