

Case Number:	CM15-0070860		
Date Assigned:	04/20/2015	Date of Injury:	07/30/1997
Decision Date:	05/19/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/14/2015

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 73 year old male who sustained an industrial injury on 7/30/97. The injured worker reported symptoms in the back. The injured worker was diagnosed as having Degeneration of thoracic or lumbar intervertebral disc. Treatments to date have included oral pain medication, non-steroidal anti-inflammatory drugs, physical therapy, and injections. Currently, the injured worker complains of back discomfort. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #120 WITH 1 REFILL: 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 claimant had been on opioids including Vicodin for over 10 years. The treating physician mentioned on 2/19/15, that the claimant will need a low level of pain medications until the claimant dies. There was no indication of failure of a lower dose of Norco, failure of Tylenol or a Tricyclic. In addition, long-term use of opioids can lead to tolerance. Continued use of Norco as above is not medically necessary.