

Case Number:	CM15-0071774		
Date Assigned:	04/22/2015	Date of Injury:	06/22/2003
Decision Date:	06/11/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/15/2015

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 67 year old female who sustained an industrial injury on 06/22/2003. Diagnoses include chronic regional pain syndrome-lumbar spine, chronic pain syndrome, DeQuervain's foot pain, and depression. Treatment to date has included diagnostic studies, medications, and aquatic therapy. A physician progress note dated 02/06/2015 documents the injured worker complains of lumbosacral pain which is rated 8-9 out of 10, and foot pain rated 8-9 out of 10. She walks with an antalgic gait and posture. The injured worker is cachectic. She is tearful and emotionally labile. She has grossly painful feet, and there is tenderness to palpation to the lumbar spine. It is recommended the injured worker continue with the use of Norco, but it is noted a detox program may be considered if narcotic usage escalates. In addition psychology/psychiatric consideration were mentioned considering the injured workers presentation. Treatment requested is 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 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids for neuropathic pain, Opioids Criteria for Use, Weaning of Medications.

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 several months. The claimant's pain level was high despite long-term medication intervention. There was no mention of Tricyclic failure. Prolonged use can lead to addiction and tolerance. Continued use of Norco is not medically necessary.