

Case Number:	CM15-0072364		
Date Assigned:	04/22/2015	Date of Injury:	09/30/2011
Decision Date:	05/20/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/16/2015

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 32 year old male, who sustained an industrial injury on 9/30/2011. Diagnoses include cervical radiculitis, cervical spondylosis, cervical facet arthropathy and cervical degenerative disc disease. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), pain management consultation, medications, chiropractic, epidural injection and physical therapy. Per the Primary Treating Physician's Progress Report dated 3/09/2015, it is documented that Norco allows the injured worker to bridge the gap and improve activities of daily living and walking tolerance. He continues to thrive and increase his overall activities. Physical examination revealed diffuse dysesthesia unchanged along cervical dermatomes. The plan of care included medications and authorization was requested for Norco 10/325mg #240 and Tramadol 50mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-97.

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 without mention of pain score response with medication. The claimant had a base pain persistent for months in the 7-8 range. Failure of Tylenol use or weaning attempt was not mentioned. Continued use of Norco was not mentioned. Therefore, the request is not medically necessary.