

Case Number:	CM15-0072445		
Date Assigned:	04/22/2015	Date of Injury:	04/27/2012
Decision Date:	05/22/2015	UR Denial Date:	04/07/2015
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 (IW) is a 53 year old female who sustained an industrial injury on 04/27/2012. She reported pain in the left lower back and left buttock area and a dragging sensation of the left foot. The injured worker was diagnosed as having lumbago; lumbar disc displacement without myelopathy; lumbosacral spondylosis without myelopathy; and sciatica. Treatment to date has included physical therapy evaluation, an epidural steroid injection, medication for pain, and muscle relaxers. Currently, the injured worker complains of low back pain and bilateral lower extremity pain. The treatment plan is to move forward with a surgical procedure consisting of lumbar 3 through lumbar 5 fusion. Norco 10/325 # 160 and Norco 10/325 Qty 90 are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 # 160: 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 Norco since at least 9/2014 with increasing/persistent pain requiring invasive procedures. There is no mention of Tricyclic, Tylenol or NSAID failure. The continued and long-term use of Norco as prescribed above is not indicated and not medically necessary.

Norco 10/325 Qty 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 claimant had been on Norco since a tleast 9/2014 with increasing/persistent pain requiring invasive procedures. There is no mention of Tricyclic, Tylenol or NSAID failure. The continued and long-term use of Norco as prescribed above is not indicated and not medically necessary.