

Case Number:	CM15-0074117		
Date Assigned:	04/24/2015	Date of Injury:	07/28/2009
Decision Date:	05/21/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/17/2015

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, with a reported date of injury of 07/28/2009. The diagnoses include low back pain, sciatica, lumbar radiculitis, and myofascial pain syndrome/fibromyalgia. Treatments to date have included a urine drug test, Celebrex, and Norco. The progress report dated 03/13/2015 indicates that the injured worker had continued low back pain. He rated the pain 7 out of 10. The objective findings include tenderness at the lumbar spine and tenderness at the facet joint. The injured worker was recommended to continue Norco. Other subjective findings (02/09/2015) include pain rated 8 out of 10 with medications and 10 out of 10 without medications. The injured worker was advised to continue to be active daily. The treating physician requested Norco 10/325mg #60 (dates of service: 03/13/2015-04/11/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325 mg Qty 60 (3/13/2015-04-11-2015): Upheld

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

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 with minimal 2 point VAS score AND functional improvement. The continued and chronic use if not medically necessary.