

Case Number:	CM15-0090218		
Date Assigned:	05/14/2015	Date of Injury:	07/31/1999
Decision Date:	06/22/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/11/2015

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 44-year-old female injured worker suffered an industrial injury on 07/31/1999. The diagnoses included right knee pain, persisting back pain with degenerative disc disease and cervical sprain/strain. The diagnostics included cervical and lumbar magnetic resonance imaging. The injured worker had been treated with medications. On 4/7/2015, the treating provider reported ongoing back pain radiating in her right leg, ongoing right knee pain and instability. She reported she gets 50% reduction in pain and 50% functional improvement with activities of daily living with medications. The pain was rated 8/10 that visit, at best 4/10 with medications and 10/10 without the medications. On exam, the right knee was swollen with mild crepitus. The neck and back had restricted range of motion. The treatment plan included Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, 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 for several months including Butrans and Nucynta use. There was no mention of Tylenol or NSAID failure for breakthrough pain. Lower dose response to Norco was not noted. The claimant was on Butrans along with Norco without mention of withdrawal or abuse management. Continued use of Norco in combination with Butrans as above is not medically necessary.