

Case Number:	CM15-0094863		
Date Assigned:	05/20/2015	Date of Injury:	04/02/2009
Decision Date:	06/25/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/15/2015

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 44-year-old male, who sustained an industrial injury on 04/02/2009. He reported thoracic spine pain. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having status post anterior and posterior cervical fusion from C4-T1 for cervical spinal stenosis with radiculopathy, status post recent posterior spinal fusion for pseudoarthritis at C7-T1, thoracic kyphosis, multilevel thoracic disc degeneration, and thoracic disc herniation at T2-3. Treatment and diagnostics to date has included lumbar spine MRI that showed a bulging disc, thoracic x-rays showed thoracic kyphosis, thoracic spine MRI showed herniated discs, cervical spine surgeries, and medications. In a progress note dated 04/01/2015, the injured worker presented with complaints of severe posterior occipital cervical thoracic pain with severe spasms. The treating physician stated the injured worker's pain is uncontrollable with current medication regimen and is unable to take narcotic medication due to a previous history of excessive narcotic use and therefore recommending surgery. The application shows the treating physician requesting authorization for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

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 first 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 a year without significant improvement in pain or function. The continued use of Norco is not medically necessary. In this case, the claimant had been on opioids including Morphine for several months. The claimant was scheduled for surgery and Methadone was prescribed despite no history of addiction. Because the Morphine was denied, the claimant was prescribed Norco. There was no indication of NSAID, Tylenol or Tricyclic failure prior to bridging Norco. There was no escalation dose provided. The request for Norco is not medically necessary.