

Case Number:	CM15-0096392		
Date Assigned:	05/26/2015	Date of Injury:	09/13/2008
Decision Date:	06/25/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/19/2015

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 52 year old male who sustained an industrial injury on 09/13/2008. Previous treatments and diagnostic testing was not mentioned. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 05/05/2015, physician progress report noted complaints of low back pain, left knee pain and left heel pain. There was no pain rating mentioned, but the injured worker described his pain as aching and stabbing, worse with sitting, standing, walking, bending, lifting and laying down, and improved with medications. Current prescriptions consist of Xanax, Voltaren gel, Neurontin, Norco, MS Contin, Prilosec, Zanaflex, Cymbalta, Pristiq, and Lidoderm patches; however, the injured worker is only taking Norco, Zanaflex and Neurontin due to the denial of the remaining medications. The injured worker reports that the increased Norco and the use of other medications allow for ability to work, improved function, a better quality of life, continued care for his sick spouse, and ability to complete a home exercise program; however, the injured worker had been on these medications for several months without documented reduction in pain severity levels. The physical exam revealed full and equal lower extremity strength, 2+ patellar DTRs (deep tendon reflexes), 1+ Achilles DTRs, intact sensation, tenderness over the lumbar paraspinal musculature, painful range of motion in the lumbar spine, positive straight leg raises, pain with palpation of the medial and lateral joint lines of the left knee, and painful flexion and extension of the left knee. The provider noted diagnoses of low back pain, lumbar radiculopathy, lumbar degenerative disc disease, chronic pain syndrome, dysthymic disorder, and anxiety. Plan of care includes a refills

of Norco and Neurontin. The injured worker remains permanent and stationary.
Requested treatments include: Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 150 (take 1 by mouth every 4-6 hrs as needed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91-92, 124. 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 Norco for several months in combination with MSContin. The claimant received most of its pain relief from Norco. There was no mention of a weaning failure of Norco or Tylenol trial for breakthrough pain. The continued and chronic use of Norco is not medically necessary.