

Case Number:	CM15-0096439		
Date Assigned:	05/26/2015	Date of Injury:	03/18/2013
Decision Date:	06/25/2015	UR Denial Date:	05/06/2015
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's age, or date of birth, are not noted in the medical records. He is a male who reported an industrial injury on 3/18/2013. His diagnoses, and/or impressions, are noted to include: cervical strain with multi-level cervical degenerative disc disease, cervical facet osteoarthritis and cervicgia; and thoracic strain with degenerative disc disease, facet osteoarthritis, and chronic upper-back pain. A recent magnetic imaging study was stated to have been done on 1/9/2015 which noted mild-moderate cervical disc protrusion with moderate spinal stenosis and cord displacement/effacement. His treatments have included a panel qualified medical evaluation and re-evaluation (1/13/15); acupuncture treatments; physical therapy; chiropractic treatments; cervical epidural steroid injections (7/14); facet rhizotomy (3/31/14); medication management; and modified duties before rest from work. The progress notes of 1/13/2015 reported the intensity of his symptoms were getting worse since 3/31/2014. He reported constant, moderate-severe neck and upper back pain; numbness and weakness in the left arm; and no sex life. The objective findings included no evidence of symptom magnification, acute inflammation, deformity, atrophy or chronic regional pain syndrome. The physician's requests for treatments were stated to include the continuation of Norco for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short Acting 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 over 2 years without significant improvement in pain or function. He has a history of Hepatitis C which can significantly deteriorate with the use of Norco (due to Tylenol metabolism through the liver). The continued use of Norco is not medically necessary.