

Case Number:	CM13-0016505		
Date Assigned:	11/06/2013	Date of Injury:	05/30/2003
Decision Date:	01/16/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old injured worker's date of injury was 5/30/03. Her initial complaints included headaches and pain in her fingers, hands and in both wrists. She was diagnosed with bilateral carpal tunnel, and later on cervical spine strain, and cervical disc protrusions at C3- C6 levels. In 2007, she underwent a multi-level anterior cervical fusion. She tested positive for amphetamine and methamphetamine in 2010. On exam, records report she has tenderness on palpation of the C spine and both shoulders. Her diagnoses include: opioid dependence, multilevel cervical disc disease status post multilevel fusion, bilateral carpal tunnel syndrome, and bilateral shoulder pain/chronic impingement syndrome. Her medications for pain include Soma, Norco, and Fioricet

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, #120 is not medically necessary and appropriate.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-84.

Decision rationale: This patient has chronic pain involving her head, neck, shoulders, and upper extremities. Norco contains Hydrocodone and acetaminophen. Opioids in general may be indicated in treating neuropathic pain, often in combination with other agents. There are no long-term studies that show effectiveness in musculoskeletal and osteoarthritic disorders. Studies that show effectiveness in treating are limited to 70 days or less in duration. The longer a patient takes opioids, the more likely they are to develop hyperalgesia, tolerance, dependence and addiction. Norco is non-certified for this patient