

Case Number:	CM13-0060141		
Date Assigned:	12/30/2013	Date of Injury:	06/29/2006
Decision Date:	07/29/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/02/2013

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. The expert reviewer is Board Certified in American Board of Family Practice 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 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/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 is a 69-year-old male claimant who sustained a work injury on June 29, 2006 involving the right shoulder and left knee. He has a diagnosis of the right shoulder rotator cuff syndrome and left knee degenerative joint disease. He underwent a left total knee replacement and had a right frozen shoulder. In the past he received cortisone injections to his right shoulder to improve function and pain. He had been on oral analgesics including Norco and Ibuprofen since 2012. A progress note on 7/30/13 indicated the claimant continued 9/10 left knee pain and 8/10 right shoulder pain. Examination findings indicated increased range of motion in the right shoulder and the left knee. Pain in the left knee arises from the seated position. The treating physician placed him on continued him Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Norco 10/325mg: Upheld

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

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 California MTUS guidelines opioids are not indicated at 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 has been on Norco for several years with no improvement in pain scale. In addition he's taking it in combination with muscle relaxants and non-steroidal anti-inflammatories. The continued use of Norco is not medically necessary