

Case Number:	CM14-0162695		
Date Assigned:	10/20/2014	Date of Injury:	07/19/2003
Decision Date:	11/20/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/03/2014

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:

52-years old female claimant sustained a work injury on 7/19/03 involving the neck, left shoulders and hand. She underwent a left shoulder decompression and left wrist carpal tunnel release. She was additionally diagnosed with cervical strain. A progress note on 7/28/14 indicated the claimant had continued pain in the involved areas. Range of motion was decreased in the neck and shoulders. There was a positive impingement test on the left shoulder and a positive Tinel's sign in the left wrist. In August the physician requested continuation of Norco for pain and in September 2014, the claimant was prescribed Norco 10/325 mg 4 times daily with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

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 an unknown length of time. There is no documentation of pain scale response or trial of 1st line medications. Four months of Norco was prescribed without knowing its response or compliance on a monthly basis. The Norco as prescribed above is not medically necessary.