

Case Number:	CM14-0180340		
Date Assigned:	11/05/2014	Date of Injury:	09/12/2007
Decision Date:	12/09/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/30/2014

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 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:

The claimant is a 52 year old female who sustained a work injury on 9/28/09 involving the neck, back, wrists, shoulders, and hips. She was diagnosed with L5-S1 disc herniation, chronic cervical myofascial pain, bilateral carpal tunnel syndrome, Right shoulder tendonosis, bilateral epicondylitis and upper extremity radiculopathy. She had been on Norco for pain since at least May 2014. A progress note on 8/28/14 indicated the claimant had right upper extremity pain. Exam findings were notable for right wrist tenderness, left elbow tenderness, a positive Tinel Sign, limited range of motion of the shoulder and back tenderness. She was continued on Norco for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 without documentation in pain scale response. The is lack of evidence for its use in carpal tunnel and shoulder strains. The request for Norco is not medically necessary.