

Case Number:	CM14-0040314		
Date Assigned:	07/02/2014	Date of Injury:	12/23/2012
Decision Date:	08/18/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/07/2014

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 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 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The injured worker is a 59 year old female claimant who sustained a work related injury on 12/23/12 involving the low back, right arm, and right knee. She was diagnosed with lumbar strain and radiculopathy. In addition, she had a right shoulder full thickness tear of the supraspinatus, right shoulder impingement, right carpal tunnel syndrome and epicondylitis of the right elbow. Her pain has been managed with anti-inflammatories, and opioids including Vicodin for over a year. A progress note on October 29, 2013 indicated Norco, Ultram, and Anaprox helped reduce her pain. She underwent physical therapy for the lumbar spine. A progress note on March 3, 2014 indicated her pain has been an eight out of ten for the prior three months. She had been taking tramadol and hydrocodone for pain. Physical findings did not note any neurological abnormalities in the cervical, thoracic, or lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective- Norco duration and quantity unknown medication review: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92. Decision based on Non-MTUS Citation [https://www.acoempracguides.org/Chronic Pain](https://www.acoempracguides.org/ChronicPain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-92.

Decision rationale: The Expert Reviewer's decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, Norco is not indicated as a first 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 hydrocodone in the form of Vicodin and Norco for over a year without significant improvement in pain. The use of Norco is not medically necessary.