

Case Number:	CM14-0043202		
Date Assigned:	07/02/2014	Date of Injury:	09/15/2002
Decision Date:	08/20/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/10/2014

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 Forensic Psychology, 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:

57 yr. old male claimant sustained a work injury on 9/15/02 involving the legs, hips, shoulders, neck and back. He was diagnosed with cervical radiculopathy, lumbar strain with left lumbar radiculitis, and right leg contusion. For over year he was treated with short-acting opioids and NSAIDs for pain. A progress note on April 22, 2014, indicated the claimant 8/10 pain without medication and 5/10 with medications. These pain scores were fairly consistent over the last several months. Physical findings included swelling over the left thigh, right knee swelling and patellar tenderness, reduced range of motion of the lumbar/ cervical spines and reduced range of motion of the right shoulder. There are also impingement findings on the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, neuropathic pain Page(s): 74.

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

Decision rationale: Norco (containing hydrocodone) 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 has been on Vicodin (hydrocodone) for a year without significant improvement in pain or function. In addition, the Norco dosage was not specified. The use of Norco is not medically necessary.