

Case Number:	CM14-0048717		
Date Assigned:	06/25/2014	Date of Injury:	03/31/2008
Decision Date:	07/23/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/27/2014

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 licensed in 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:

The injured worker is a 65 yr. old female who sustained a work related injury on 3/31/08 involving the shoulders. She had the following diagnoses: left shoulder impingement, adhesive capsulitis and left lateral epicondylitis. She underwent left shoulder subacromial decompression in 2009. She had undergone biofeedback therapy as well as received Norco since at least January 2013. An exam report on 3/1/14 indicated she had painful and decreased range of motion of the left shoulder with tenderness to palpation. The treating physician recommended to restart Neurontin and Relafen along with continuing Norco 10/325 twice a day. A progress note on 4/1/14 indicated the claimant had not received Neurontin or Relafen due to denial. The claimant had been taking Norco and had 3/10 pain in the left upper extremity with numbness. The physician continued the Norco and requested Lyrica. On 5/15/14, the claimant had been noted to have 5/10 pain with improvement in range of motion with Lyrica. Norco was taken once a day and was decreased to use as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10-325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical 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 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 a year with continued pain and use of neuropathy relieving medications. The continued use of Norco is not medically necessary.