

Case Number:	CM14-0195350		
Date Assigned:	12/03/2014	Date of Injury:	06/04/2012
Decision Date:	01/15/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/21/2014

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:

This is a 47-year-old female claimant who sustained a work injury on June 1, 2012 involving the neck, shoulders and left knee. She was diagnosed with Cervical radiculopathy, right shoulder impingement syndrome, depression and bilateral knee pain. She had been on opioids for several years for pain control. An MRI of the cervical spine had shown foraminal narrowing and facet changes from C-3 to C6. She had been on Norco for pain since at least October 2012. A progress note on September 17, 2014 indicated the claimant had 4- 9/10 pain. She had spasms in the right shoulder, neck and mid back. Exam findings were notable for decreased flexion and extension of the cervical spine. She remained on Soma, Norco, Flector patches, Ativan and Remeron.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #150: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 over 2 years without significant improvement in pain or function. The continued use of Norco is not medically necessary.