

Case Number:	CM14-0204590		
Date Assigned:	12/16/2014	Date of Injury:	02/12/2010
Decision Date:	02/04/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/05/2014

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:

59 yr. old female claimant sustained a work injury on 2/12/10 involving the neck, shoulder and hand. She had received a cervical epidural injections , a right cubital tunnel release, subacromial shoulder injection and a right carpal tunnel release. She had tried several medications including Tramadol, Lidocaine and Elavil without much pain relief. She had used Norco which reduced her pain from 9/10 to 4-7/10. She had completed 24 sessions of acupuncture. A progress note on 11/6/14 indicated the claimant had no drug seeking behavior. Exam findings were notable for tenderness in the cervical spine and restricted range of motion. There was evidence of impingement in the right shoulder. The physician requested, the claimant remain on Norco for pain along with Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, sixty count, unlisted refill number: 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 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 along with Ibuprofen. There was no indication of pain response to Ibuprofen or if the entire response was to Norco. In either case, it would not justify both medications. In addition, there is no indication of Tylenol failure. The continued use of Norco is not medically necessary.