

Case Number:	CM14-0207139		
Date Assigned:	12/19/2014	Date of Injury:	12/17/2013
Decision Date:	02/09/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/10/2014

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 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 46 year old male claimant who sustained a work injury on December 17 2013 involving the neck and back as well as the upper extremities. He was diagnosed with cervical radiculopathy /herniated nucleus pulposus, lumbar strain, right shoulder partial rotator cuff tear, right shoulder impingement and chronic regional pain syndrome of the right arm. In addition, an electrodiagnostic study showed bilateral carpal tunnel syndrome. An MRI of the right shoulder in July 2014 show osteoarthritis and tendinosis in the rotator cuff muscles. A progress note on October 3, 2014 indicated the claimant had 4 - 8/10 pain. Exam findings were notable for decreases sensation in the C-5- C6 distribution. Spurling's test was positive and the cervical spine. The right shoulder had a positive cross on testing. There were paraspinal muscle spasms in the lumbar spine. The claimant was continuing on Norco to relieve symptoms. He had been on Norco for over six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain 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, 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 several months' persistent pain and restriction in function. The continued use of Norco is not medically necessary.