

Case Number:	CM14-0211162		
Date Assigned:	12/24/2014	Date of Injury:	10/07/2010
Decision Date:	02/13/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/16/2014

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:

61 yr. old female claimant sustained a work injury on 10/7/10 involving the neck, right and left upper extremity as well as both lower extremities. She was diagnosed with cervical disc disease and right shoulder rotator cuff injury. She underwent right shoulder repair, left shoulder decompression and micro-tenotomy, bilateral carpal tunnel release and left knee replacement. The claimant had been on Norco for pain for several months. A progress note on 11/18/14 indicated the claimant had left knee pain. Exam findings were notable for decreased flexion and extension of both knees. She was continued on Norco for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg qty: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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. There was no indication of Tylenol or NSAID failure. The continued use of Norco is not medically necessary.