

Case Number:	CM14-0217413		
Date Assigned:	01/07/2015	Date of Injury:	05/25/2010
Decision Date:	07/21/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

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 42 year old female who reported an industrial injury on 5/25/2010. Her diagnoses, and/or impressions, are noted to include: status-post cervical spine fusion; lumbar spinal stenosis and radiculopathy; right biceps tendon tear; anxiety; and history of night terrors and Ambien overdose. No current electrodiagnostic or imaging studies are noted. Her treatments have included lumbar surgery (12/5/13); post-operative aqua therapy and physical therapies for the lumbar spine (1/2014); physical therapy for the right shoulder (1/2014); daily transcutaneous electrical nerve stimulation unit therapy; diagnostic left knee arthroscopy (10/2010); diagnostic studies (2010-2012); home exercise program; medication management with toxicology studies; massage therapy for spasms - paid by her; and modified duties which are not being accommodated. The progress notes of 11/26/2015 reported a follow-up visit and re-examination of worsened, frequent and severe, radiating neck pain with spasms, down the left upper extremity; worsened, frequent and severe pain and muscle spasms in the low back that radiate to the bilateral lower extremities, and is aggravated by walking; worsened, bilateral upper and lower extremity pain, bilateral hip pain, and right shoulder/wrist pain; and ongoing headaches, limitations with activities of daily living, hand function, and sleep. She reported that the use of opioid medication is helpful x 4 hours, and improves her overall functional improvement. The objective findings were noted to include the attempt to wean opiate usage; very limited ambulatory ability with use of a wheelchair; spasms in the left cervical paraspinal muscles with tenderness in the cervical spine that is with moderately-limited range-of-motion due to pain; tenderness in the lumbosacral paravertebral area, with spasms in the paraspinal

musculature and the use of a lumbar support brace; tenderness at the bilateral shoulders with decreased and painful range-of-motion; the use of a wrist splint; and tenderness to the left knee. The physician's requests for treatments were noted to include the continuation of Norco due to it being beneficial with intended effect at prescribed dose; and weaning slowly but difficult due to prolonged usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.25-325 MG: 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 without routine documentation of pain scores. Failure of Tylenol or NSAIDs was not substantiated. The continued and chronic use of Norco is not medically necessary.