

Case Number:	CM14-0056730		
Date Assigned:	07/09/2014	Date of Injury:	07/18/2013
Decision Date:	05/12/2015	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/28/2014

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 34 year old male, who sustained an industrial injury on 7/18/13. He reported injury to left side of body and right arm. The injured worker was diagnosed as having neck sprain, brachial neuritis or radiculitis, chest wall contusion, lumbar sprain/strain, lumbar radiculopathy, bilateral shoulder internal derangement and right shoulder full rotator cuff tear. Treatment to date has included oral medications including opioids. Currently, the injured worker complains of intermittent headaches, constant neck pain with radiation to upper extremities with numbness and tingling, frequent chest pain, constant low back pain radiating to left lower extremity with numbness and tingling and constant bilateral shoulder pain. The injured worker states pain is partially relieved by medications. Physical exam noted decreased cervical range of motion with tenderness and spasms of cervical spine, decreased bilateral shoulder range of motion and tenderness to palpation of lumbar spine with spasms; left knee range of motion is limited with crepitus. The treatment plan included Norco, authorization pending for acupuncture, chiropractic manipulation, physical therapy, orthopedic evaluation of right shoulder and a qualitative drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500mg #30: 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 with Flexeril. There was no indication of pain level with attempt of weaning or failure of Tylenol or Tricyclic use. The long-term use of Norco is not recommended and not medically necessary. Note the treatment request is for Norco not Vicodin.