

Case Number:	CM15-0001510		
Date Assigned:	01/12/2015	Date of Injury:	02/22/2012
Decision Date:	03/24/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	01/05/2015

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 31 year old male, who sustained an industrial injury on 02/22/2012. He has reported subsequent shoulder pain and was diagnosed with shoulder sprain and joint derangement of the shoulder. Treatment to date has included pain medication, physical therapy and surgery. The only medical documentation submitted consists of 4 progress notes from May 2014. In a progress note dated 05/30/2014, the injured worker complained of continued right shoulder pain that was rated as 5/10 and for reduced motor strength of the left and right shoulders and elbows. No medical documentation was found pertaining to the current treatment request. On 12/02/2014, Utilization Review non-certified a request for Norco, noting that the records do not establish any measurable functional improvement. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids for chronic pain

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 over 6 months in combination with NSAIDs. There was no indication of Tylenol failure. There was no recent documentation to indicate extension of the use of opioids. There was no documentation of an attempt wean and provide a therapeutic trial of alternatives. The continued use of Norco is not medically necessary.