

Case Number:	CM15-0004401		
Date Assigned:	01/15/2015	Date of Injury:	02/09/2013
Decision Date:	03/19/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/08/2015

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 25 year old female, who sustained an industrial injury on February 9, 2013, moving chairs while cleaning. She has reported pain in the neck and left shoulder. The diagnoses have included chronic bilateral shoulder sprain, chronic cervical myofascial pain, chronic thoracic myofascial pain, bilateral carpal tunnel clinically with negative electrodiagnostic studies on September 16, 2014, recurrence of low back pain due to urinary tract infection, and urinary tract infection. Treatment to date has included a left shoulder injection, physical therapy, and medications. Currently, the injured worker complains of neck pain, upper back pain, and pain in both shoulders. The Primary Treating Physician's report dated December 18, 2014, noted some paracervical tenderness from C2-C7-T1, parathoracic tenderness from T1-T5, and Tinel test positive with tingling in the medial nerve distribution of the left wrist and some at the right wrist. The claimant had been on Ibuprofen for several months with continued pain. Exam findings were essentially unchanged from October to December 2014 with tenderness in the left shoulder, neck, and back with reduced range of motion. On December 30, 2014, Utilization Review modified the request for Norco 5/325mg #120, noting there was no indication that the injured worker was in severe to moderate pain, with Norco prescribed since May 2014. The UR Physician noted that if the opioid was still necessary, the guidelines require documentation indicating subjective or objective findings of pain relief, functional improvement, appropriate medication use, and side effects, therefore, the request for Norco 5/325mg #120, was modified to certify Norco 5/325mg #90, with the remaining #30 non-certified, for the purposes of weaning the injured worker from continued use. The MTUS Chronic Pain Medical Treatment

Guidelines was cited. On January 8, 2015, the injured worker submitted an application for IMR for review of Norco 5/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medication; Norco 5/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, on-going management.

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 not previously improved with NSAIDs. Prior request for Norco was denied. A short course as prescribed above is appropriate to determine response for breakthrough pain. The Norco is appropriate at this point and medically necessary.