

Case Number:	CM15-0004946		
Date Assigned:	01/16/2015	Date of Injury:	11/06/2013
Decision Date:	03/11/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/09/2015

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 50 year old male with an industrial injury dated November 6, 2013. The injured worker's diagnoses include discogenic cervical condition with facet inflammation, shoulder girdle involvement and headaches, status post-concussion, right shoulder impingement, rotator cuff strain, acromioclavicular joint inflammation, and biceptal tendonitis, ulnar nerve neuritis on the right, carpal tunnel syndrome on the right, nonspecific discomfort along the extensor muscles bilaterally at the forearms, and chronic pain syndrome. He has been treated with radiographic imaging, physical therapy, prescribed medication, consultation and periodic follow up visits. In a progress note dated 12/4/14, the injured worker reported right shoulder pain, right elbow pain with associated numbness and tingling, inability to sleep and persistent neck pain and headaches. The injured worker also reported numbness and tingling on the right side of face. Objective findings revealed bilateral tenderness along the cervical and lumbar paraspinal muscles, pain along the right shoulder, rotator cuff and biceps tendon. The treating physician also noted tenderness along the medial greater than lateral epicondyle to stretch and mild tenderness on the right wrist and hand. The treating physician prescribed Norco 10/325mg #90 now under review. Utilization Review determination on December 23, 2014 denied the request for Norco 10/325mg #90, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: 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 Tramadol and NSAIDs for several months prior to the Norco request. There is no indication that one opioid is superior to another. The pain scale response to medications was not provided. The request for Norco is not justified and not medically necessary.