

Case Number:	CM15-0132582		
Date Assigned:	07/20/2015	Date of Injury:	12/16/2013
Decision Date:	08/14/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/09/2015

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 47 year old male who sustained an industrial injury on 12/16/13. He had complaints of neck and left shoulder pain. Primary treating physician's orthopedic evaluation reports continued complaints of neck pain and left shoulder pain. Pain level is rated 5/10 and goes as high as 9/10. Diagnoses include: type II acromion bursitis and rotator cuff tendinitis, left subacromial bursitis of the shoulder, left acromioclavicular joint cartilage disorder and severe left neuroforaminal narrowing at C5-6 secondary to large nonconvertible osteophyte. Plan of care includes: return in 1 month for re-evaluation and medication refills, new prescription written for Norco 10/325 mg #120 one every 6 hours as needed for pain and request pain management consultation. Work status: return to work on 5/15/15 with restriction; no carrying over 25 pounds, no overhead work with left arm greater than 10% of the time and no use of left arm, may operate vehicles if no adverse effects from medicine if employer allows. Follow up in 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 120: 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 mention of only 10% reduction in pain while on medication. There was no mention of Tylenol failure or NSAID failure. Weaning attempt is not noted. The continued use of Norco is not medically necessary.