

Case Number:	CM15-0136800		
Date Assigned:	07/24/2015	Date of Injury:	12/02/2010
Decision Date:	08/21/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/14/2015

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 58 year old female, who sustained an industrial injury on December 02, 2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having osteoarthritis four the hand, carpal tunnel syndrome, cervical radiculitis, and cervical spondylosis. Treatment and diagnostic studies to date has included medication regimen, cortisone injections, use of wrist braces, and use of a transcutaneous electrical nerve stimulation unit. In a progress note dated June 08, 2015 the treating physician reports complaints of pain to the neck, the bilateral hands with the right worse than the left, to the right scapula that radiates to the right shoulder, along with occipital headaches. Examination reveals decreased range of motion of the cervical spine with pain, tenderness to the greater occipital nerve bilaterally, tenderness at cervical five to six, tenderness to the right scapula with twitch trigger point, and crepitation on palpation to the carpometacarpal joint of the thumb with the right worse than the left. The injured worker's current medication regimen included topical analgesic cream that was noted to assist the injured worker and Norco that was noted for a decrease in use of this medication to twice a day, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her medication regimen. The treating physician requested Norco 10/325mg with a quantity of 60, noting current use of this medication.

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 Chronic Pain Treatment Guidelines.

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 Vicodin previously and recently Norco with NSAIDs without mention of pain scores. No one opioid is superior to another. There was no mention of Tylenol, need for combined analgesics types, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.