

Case Number:	CM15-0142089		
Date Assigned:	07/31/2015	Date of Injury:	06/10/2009
Decision Date:	08/28/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/22/2015

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 42-year-old male, who sustained an industrial injury on 06-10-2009. He has reported injury to the neck. The diagnoses have included thoracic outlet syndrome, right upper extremity; cervical-trapezial musculoligamentous sprain-strain with right upper extremity radiculitis with disc protrusion, significant central canal stenosis, and cord compression at C4-C5, C5-C6; post-operative right shoulder arthroscopy with Bankart lesion repair and subacromial decompression, revision with scar tissue resection and debridement, on 03-11-2011; residual inferior labral tear with irregularity of the glenoid cartilage and chronic acromioclavicular separation; and status post C4-5 anterior cervical discectomy and fusion with a plate, on 04-18- 2015. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Norco and Neurontin. A progress report from the treating physician, dated 06-11-2015, documented a follow-up visit with the injured worker. Currently, the injured worker reports approximately 40-50% decrease in neck and right upper extremity pain since surgery seven weeks ago; he now has occasional numbness and tingling to the right hand; pain level is rated at 4-6 out of 10 on the pain scale; and post-operative therapy was prescribed. Objective findings included cervical spine with left anterior surgical scar; there is decreased lordosis; tenderness to palpation is present over the paravertebral musculature and trapezius muscle; there is increased neck pain eliciting radicular symptoms to the right shoulder with axial compression test; there is decreased sensation in the right hand consistent with C6 dermatomal distribution; and active range of motion of the cervical spine is decreased and is guarded in all ranges. The treatment plan has included the request for Norco 5/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

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 without routine documentation of pain levels. There was no mention of Tylenol, NSAID or weaning failure. The continued use of Norco is not medically necessary.