

Case Number:	CM15-0160908		
Date Assigned:	08/27/2015	Date of Injury:	04/19/2002
Decision Date:	09/30/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/17/2015

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:

This is a 56 year old female with an April 19, 2002 date of injury. A progress note dated June 17, 2015 documents subjective complaints (constant pain in the neck, shoulders, and headache; numbness and tingling in both hands; diminished grip and grasp ability; severe anxiety and panic attacks; depression), objective findings (very limited range of motion of the neck; pain with cervical compression that radiates to the right shoulder blade; muscle spasm with palpation of the cervical paraspinal and cervical trapezius muscles; positive Tinel's and Phalen's signs bilaterally; pain with Finkelstein maneuvers), and current diagnoses (cervical sprain and strain with severe underlying spondylitic changes with multiple disc herniations compression the spinal cord with cervicogenic headaches; bilateral carpal tunnel releases with ongoing symptoms; right shoulder tendinopathy; depression, anxiety, and panic disorder; gastroesophageal reflux disease). Treatments to date have included medications and transcutaneous electrical nerve stimulator unit. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included Norco 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), ACOEM Chapter 6, Pain, Suffering, and the Restoration of Function, Principles of Pain 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 been on Norco for a year. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued and chronic use of Norco is not medically necessary.