

Case Number:	CM15-0161660		
Date Assigned:	08/27/2015	Date of Injury:	04/17/2009
Decision Date:	09/30/2015	UR Denial Date:	08/06/2015
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:

The injured worker is a 63 year old female with an industrial injury dated 04-17-2009. The injured worker's diagnoses include pain in the shoulder joint, cervical disc displacement without myelopathy, brachial neuritis or radiculitis not otherwise specified and skin sensation disturbance. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 07-27-2015, the injured worker reported neck pain and right shoulder pain with radiation to the bilateral shoulder and bilateral legs. The injured worker also reported numbness, pins and needle sensation and weakness. The injured worker rated pain a 9 out of 10. Objective findings revealed no acute distress and no signs of intoxication or withdrawal. The treating physician reported that the injured worker is a surgical candidate for rotator cuff repair but has deferred surgical intervention at this time. The treatment plan consisted of awaiting authorization of cervical epidural steroid injection (ESI), psychological evaluation and acupuncture of the cervical spine. The treating physician prescribed Norco 10-325 #90, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

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 in combination with Tramadol. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The Norco only provides short term relief. The pain reduction attributed to Tramadol is not noted, to require both opioids. The continued use of Norco is not medically necessary.