

Case Number:	CM15-0163196		
Date Assigned:	08/31/2015	Date of Injury:	10/25/2000
Decision Date:	09/30/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/19/2015

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 male, who sustained an industrial injury on 10-25-00. He has reported initial complaints of bilateral shoulder injuries. The diagnoses have included sprain and strain of the shoulder tendons and other post-surgical status. Treatment to date has included medications, activity modifications, diagnostics, surgery right shoulder, acupuncture and home exercise program (HEP). Currently, as per the physician progress note dated 4-15-15, the injured worker complains of bilateral shoulder pain. He reports that the symptoms remain unchanged and that he remains symptomatic. He reports that the Norco is helpful for pain following the surgery and Norco helps to keep him active. He reports that without the Norco he would not be able to work. The objective findings-physical exam reveals bilateral shoulders have positive impingement sign, pain to palpation and decreased range of motion secondary to pain. The physician requested treatment included Norco Tab 10-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco Tab 10/325mg #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter (Online Version), 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. The claimant was able to function but still had significant pain where a pain management consultation was needed. The amount requested is actually 90 (not 300# as noted in the request statement above). There was no mention of Tylenol or NSAID failure. The claimant was also on Percocet at another point in care. No one opioids is superior to another. The continued use of short-acting opioids instead of long-acting until pain management input is obtained is not medically necessary.