

Case Number:	CM15-0182374		
Date Assigned:	09/23/2015	Date of Injury:	10/13/2010
Decision Date:	11/10/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/16/2015

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 51 year old male, who sustained an industrial injury on 10-13-2010. The injured worker is being treated for cervical sprain, status post bilateral elbow surgeries, cervical degenerative disease, lumbar strain, lumbar radiculitis, and posttraumatic headaches. Treatment to date has included multiple surgical interventions, medications, physical therapy, chiropractic, acupuncture, and psychological evaluation and counseling. Per the Primary Treating Physician's Progress Report dated 8-06-2015, the injured worker presented for reevaluation. He reported neck pain rated as 7-8 out of 10. He reports that his right hand is still getting numb but has now noticed left elbow swelling and sleepiness in the left hand. Objective findings of the cervical spine included stiffness in the cervical paravertebrals and the trapezius bilaterally. There was restricted flexion and extension. He has been prescribed Norco since at least 3-2014. On 2-20-2015 he reported no change in his pain and rated the severity of his pain as 4 out of 10. On 3-11-2015 he reported that medications reduce his pain level from 8 out of 10 to 3 out of 10. Per the medical records dated 3-18-2014 to 8-06-2015 there is no documentation of subjective or objective activities of daily living or decrease in pain level attributed to Norco. Work status was permanent and stationary. The plan of care included continuation of home exercise, medications and modified duty. Authorization was requested on 8-06-2015 for Amitriptyline, Neurontin, Xanax, and Norco. On 9-02-2015, Utilization Review modified the request for Norco 10-325mg #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab10-325mg #40: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list, Weaning of Medications.

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 physician is weaning the claimant off of Norco. A plan was provided. The request for 40 tables of Norco, which is reduced from the prior #90 is medically necessary.