

Case Number:	CM15-0189119		
Date Assigned:	10/01/2015	Date of Injury:	12/28/2011
Decision Date:	11/09/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/25/2015

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 50 year old female, who sustained an industrial injury on 12-28-11. Current diagnoses or physician impression includes cervical spine disc bulge, thoracic spine disc bulge, lumbar spine disc rupture, and bilateral shoulder internal derangement, bilateral carpal tunnel syndrome, left knee strain, left foot strain, cervical radiculopathy, chronic cervical strain and chronic lumbar strain. Her disability status was not addressed. A note dated 7-9-15 reveals the injured worker presented with complaints of numbness and tingling in her upper extremities. A note dated 6-10-15 reveals complaints of upper and lower back as well as bilateral wrist-hand, bilateral knees and bilateral feet. A note dated 6-5-15 reveals complaints of moderate neck pain rated at 6 out of 10, moderate to severe right arm pain associated with numbness and tingling is rated at 6-7 out of 10, moderate left arm pain rated at 6 out of 10, moderate right shoulder pain rated at 5 out of 10 and moderate to severe low back pain rated at 7 out of 10. A physical examination dated 7-9-15 - 8-6-15 revealed no change. Treatment to date has included medications; Ambien, Lorazepam, Gabapentin, Flexeril, creams, Hydrocodone (for at least 5 months) and Orphenadrine. A note dated 7-9-15 states the Flexeril, Hydrocodone will be discontinued, and Orphenadrine and Tramadol will be started. She has also engaged in psychiatric care and physical therapy. Diagnostic studies to date have included x-rays and toxicology screen. A request for authorization dated 8-25-15 for Norco 10-325 mg #90 is modified to no refills, per Utilization Review letter dated 8-25-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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.

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 significant improvement in pain or function. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.