

Case Number:	CM15-0190532		
Date Assigned:	10/02/2015	Date of Injury:	01/22/2013
Decision Date:	11/10/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/28/2015

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 female, who sustained an industrial injury on 01-22-2013. She has reported injury to the neck, shoulders, elbows, and bilateral wrists. The diagnoses have included cervical discogenic pain; multiple level of cervical disc protrusion; cervical radiculopathy; bilateral shoulder tendinosis; bilateral elbow tendinosis; history of carpal tunnel release with residual pain on the right; thoracic myofascial pain; chronic headaches; and depression and anxiety. Treatment to date has included medications, diagnostics, physical therapy, massage therapy, and surgical intervention. Medications have included OxyContin, Percocet, Imitrex, Ativan, Cymbalta, Lyrica, and Advil. A progress report from the treating provider, dated 08-07-2015, documented an evaluation with the injured worker. The injured worker reported that her complaints remain in the neck associated with upper extremity symptoms; she has difficulty doing much activity above shoulder level or with the upper extremity as a result of the shoulder pain and elbow pain, which is worse on the right side, as well as the complaints of back pain and chronic headaches; currently, she is not undergoing any therapy or other modes of treatment; and she was not provided with her oral medication as written before including Norco, Imitrex, and Lorazepam. Objective findings included there is sign of sedation; she is alert and oriented; spasm over the cervical spine remains with normal range of motion, but it is associated with pain and guarding; and there is a nodule noted over the medial and lateral aspect of the right elbow. The treatment plan has included the request for Norco 5-325mg quantity 60 with 0 refills, 1 twice daily. The original utilization review, dated 09-01-2015, non-certified the request for Norco 5-325mg quantity 60 with 0 refills, 1 twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg Qty 60 with 0 refills, 1 twice daily: 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 first 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 and previously other opioids 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.