

Case Number:	CM15-0193459		
Date Assigned:	10/07/2015	Date of Injury:	03/05/2013
Decision Date:	11/16/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/01/2015

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, with a reported date of injury of 03-05-2013. The diagnoses include cervical radiculopathy, chronic pain, and status post right carpal tunnel release. Treatments and evaluation to date have included Hydrocodone, cervical epidural steroid injection on 05-06-2015, myofascial trigger point injections (helpful) cervical spine surgery on 05-06-2015, Norco (since at least 05-2015), and Gabapentin. The diagnostic studies to date have included electrodiagnostic studies on 01-05-2015 with findings suggestive of chronic cervical polyradiculopathy involving C5, C6, C7, and C8 root levels, and evidence of left median nerve entrapment at the wrist; an MRI of the cervical spine on 12-22-2014 which showed multi-level loss of disc space, central canal stenosis at C5-6, foraminal stenosis at left C3-4, left C4-5, bilateral C5-6, bilateral C6-7, and bilateral C7-T1; and an MRI of the brain on 11-08-2012 which showed normal findings. The pain medicine re-evaluation report dated 08-19-2015 indicates that the injured worker complained of neck pain, with radiation down the bilateral upper extremities and bilateral shoulders to the hands; low back pain with radiation down the bilateral lower extremities; and ongoing occipital headaches. The pain was rated 5-6 out of 10 on average with medications since the last visit; and 7 out of 10 on average without medications since the last visit. It was noted that the injured worker's pain was reported as unchanged since the last visit. On 06-24-2015, the injured worker rated his pain 5 out of 10 on average with medications since the last visit and 7 out of 10 on average without medications since the last visit. The injured worker reported ongoing activity of daily living limitations due to pain. The physical examination showed tenderness in the cervical spine at C5-7; occipital tenderness upon palpation

on the left side; moderately limited cervical spine range of motion due to pain; significantly increased pain with flexion, extension, and rotation; decreased touch sensation in the right upper extremity, with the affected C5-7 dermatome; and decreased bilateral grip strength. The injured worker's work status was determined by the primary treating physician. It was noted that the injured worker was not currently working. Norco 10-325mg, one tablet once daily as needed for pain #30 was prescribed. The treating physician requested Norco 10-325mg #30. On 09-16-2015, Utilization Review (UR) non-certified the request for Norco 10-325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Low Back Complaints 2004, and 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. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.