

Case Number:	CM15-0195332		
Date Assigned:	10/09/2015	Date of Injury:	05/20/2010
Decision Date:	11/18/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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 59 year old female who sustained an industrial injury on 5-20-10. The injured worker reported pain in the neck with radiation to the upper extremities. A review of the medical records indicates that the injured worker is undergoing treatments for cervical spine sprain strain, cervical radiculopathy, and thoracic spine sprain strain. Medical records dated 9-3-15 indicate pain rated at 6 out of 10 with the use of medications. Treatment has included status post anterior cervical discectomy and fusion, status post left C6 foraminotomy, injection therapy, at least six acupuncture treatments, Norco since at least February of 2015 and Lidocaine patches since at least June of 2015, and Soma since at least February of 2015. Objective findings dated 9-3-15 were notable for cervical spasms noted bilaterally, hypesthesia noted in the left C4 and bilateral C5-C6 dermatomes, "Hypersensitivity with the posterior scar from C4 to T1." The original utilization review (9-17-15) partially approved a request for Norco 7.5-325 mg Qty 100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg Qty 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain, Opioids for chronic 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 in combination with Soma which can create a heroine like effect. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.