

Case Number:	CM15-0195383		
Date Assigned:	10/09/2015	Date of Injury:	09/13/2006
Decision Date:	11/19/2015	UR Denial Date:	09/28/2015
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 44 year old male, who sustained an industrial injury on 9-13-2006. Medical records indicate the worker is undergoing treatment for left rotator cuff syndrome and myofascial pain syndrome-neck and left upper extremity. A progress note dated 6-17-2015 showed the injured worker complained of neck and left upper extremity pain rated 8 out of 10 and the physical examination revealed trigger points over the neck, posterior shoulders-left greater than right and "good left shoulder range of motion". A more recent progress report dated 9-15-2015, reported the injured worker complained of pain in the neck and left upper extremity rated 8 out of 10. Physical examination revealed trigger points over the neck, posterior shoulders-left greater than right and "good left shoulder range of motion". Treatment to date has included left shoulder surgery, trigger point injections, physical therapy, Norco (since at least 6-17-2015), Neurontin, Flexeril and Lidoderm patches. Recent urine drug screen and CURES report were consistent with the prescribed medications and providers. The physician is requesting Norco 10-325mg #120. On 9-28-2015, the Utilization Review noncertified the request for Norco 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, 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. Recent notes did not indicate pain score reduction with the use of the medication. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.