

Case Number:	CM15-0195751		
Date Assigned:	10/09/2015	Date of Injury:	05/25/2005
Decision Date:	11/18/2015	UR Denial Date:	09/10/2015
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 female with a date of injury on 05-25-2005. The injured worker is undergoing treatment for degeneration of cervical intervertebral disc, cervical disc displacement, cervical radiculitis and headaches. In a physician note dated 06-25-2015 a urine drug screen was positive for Marijuana and negative for Norco. She took her last Norco 1 week ago. Physician progress notes dated 08-06-2015 and 08-25-2015 documents the injured worker has complaints of neck, mid back, low back, right hip and buttock, left hip and buttock and left arm pain. Her pain is severe and sharp. Cervical spine exam reveals asymmetry of the neck and shoulders with tilting of the head and neck to the left. On axial compression there is left trapezius tenderness. There is tenderness to palpation on the trapezius area. Range of motion is restricted. With her medications she is able to perform daily ADL-cooking, dressing and showering with less discomfort. Her pain level is rated 6-7 out of 10. Neck pain radiates to her left shoulder and arm. She has headaches. There is paresthesia noted in the hand and numbness and weakness in her arm. A urine drug screen done 08-25-2015 was positive for Marijuana, and negative for Hydrocodone. She has a Marijuana certificate from an outside facility. She is currently working with restrictions. She has been on Norco since at least 04-04-2013. Treatment to date has included diagnostic studies, medications, occupational therapy, she is status post left carpal tunnel release with left DeQuervain's release, epidural steroid injections, and physical therapy. Current medications include Norco, Prilosec, soma, and Maxalt-MLT. On 09-10-2015 Utilization Review non-certified the request for Norco 10-325mg #90.

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): Carisoprodol (Soma), Opioids for chronic pain, Opioids for neuropathic pain, Opioids, screening for risk of addiction (tests).

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 several months. There was additional use of cannabinoids and inconsistent urine results. Combined use with Soma can create a heroine like effect. There was no mention of Tylenol or NSAID failure. The continued and chronic use of Norco is not medically necessary.