MAXIMUS Federal Services

Case Number:	CM15-0198088		
Date Assigned:	10/16/2015	Date of Injury:	03/25/2015
Decision Date:	11/24/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/08/2015

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:

This is a 46 year old female who sustained an industrial injury on 3-25-2015. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder sprain-strain with calcific tendinitis, rule out sympathetic dystrophy with right upper extremity weakness versus cervical spine radiculopathy and right elbow medial epicondylitis. According to the progress report dated 8-25-2015, the injured worker complained of right shoulder pain rated 7 out of 10 with popping and clicking. She complained of right elbow pain rated 7-8 out of 10 and right wrist pain rated 7 out of 10. It was noted that Norco was mildly helpful and that Naproxen would be added for better pain control. There was noted to be mild improvement in pain intensity and frequency since the last exam. Objective findings (8-25-2015) revealed guarding of the right upper extremity and difficulty rising from a sitting position. Treatment has included injections, physical therapy, acupuncture and medications. The injured worker has been prescribed Norco (unclear duration), Etodolac, Tramadol and Cyclobenzaprine. The original Utilization Review (UR) (9-4-2015) denied a request for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

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 an unknown length of time without significant improvement in pain or function for which an NSAID had to be added and later the Norco replaced with Tramadol. The use of Norco was not justified and is not medically necessary.