

Case Number:	CM15-0198149		
Date Assigned:	10/13/2015	Date of Injury:	02/21/2013
Decision Date:	11/20/2015	UR Denial Date:	09/22/2015
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:

The injured worker is a 60 year old male, who sustained an industrial injury on February 21, 2013, incurring multiple traumatic injuries. He was diagnosed with a right scapular fracture, rib fractures, pelvic fractures, cervical strain, facial trauma, cervical radiculopathy, left shoulder rotator cuff syndrome and lumbar disc herniation with right lower extremity radiculopathy. Treatment included pain medications, including a prescription for Norco which was ordered at the time of his injury, bracing, surgical interventions, neurology consultation, physical therapy, and activity restrictions and modifications. Currently, the injured worker complained of persistent pain in his neck, mid back and lower back rating his pain 8 out of 10 on a scale from 1 to 10. He noted pain in his shoulders and bilateral hips. He had persistent numbness with weakness noted in his hands. The pain was made better with rest, ice, massage and pain medications. The pain was aggravated with prolonged sitting and standing. The treatment plan that was requested for authorization on October 8, 2015, included a prescription for Norco (Hydrocodone APAP) #90 with no refills. On September 22, 2015, a request for a prescription for Norco was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco, Hydrocodone APAP, 10 mg, 325 mg #90, 1 to 2 tablets by mouth every 8 hours as needed for pain with 0 Refills, 15 day supply: Upheld

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

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, or weaning failure. The long-term use of Norco is not medically necessary.