

Case Number:	CM15-0198884		
Date Assigned:	10/14/2015	Date of Injury:	02/06/1998
Decision Date:	11/20/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/09/2015

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 72 year old male, who sustained an industrial-work injury on 2-6-98. He reported initial complaints of knee, shoulder, neck, and elbow pain. The injured worker was diagnosed as having cervical discectomy and fusion with symptoms of radiculopathy, bilateral shoulder impingement syndrome, status post previous surgeries. Treatment to date has included medication, surgery, and diagnostics. MRI results were reported multilevel DJD (degenerative joint disease) and spinal stenosis. MRI of left shoulder notes AC (acromioclavicular) joint DJD with calcification and right shoulder DJD with tendonitis, and MRI of right knee notes cartilage tear and DJD. Currently, the injured worker complains of improved knee pain, shoulder and knee pain is the same but worse when colder, left side of neck pain is worse, especially when it rains, diminished medial elbow pain at medial epicondyle. Bike riding was restarted. Medication was needed on a chronic basis intermittently for flare ups. Meds include Norco, Omeprazole, Ultram, Voltaren gel. Per the primary physician's progress report (PR-2) on 9-15-15, exam noted right knee with small effusion and limited range of motion with patellofemoral crepitus, persistent right medial elbow pain and Tinel's and flexion test, positive cross arm test, Neer and Hawkin's signs. Current plan of care includes medication. The Request for Authorization requested service to include Norco 10/325mg quantity 60. The Utilization Review on 9-25-15 denied the request for Norco 10/325mg quantity 60, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, criteria for use.

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 along with Ultram without consistent documentation of pain scores. There was no mention of Tylenol, NSAID, or weaning failure. The continued use of Norco is not medically necessary.