

Case Number:	CM15-0199308		
Date Assigned:	10/14/2015	Date of Injury:	07/31/2001
Decision Date:	11/23/2015	UR Denial Date:	09/16/2015
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 58 year old male, who sustained an industrial injury on 7-31-2001. The injured worker is undergoing treatment for status post cervical fusion at C6-7, cervical radiculopathy, left shoulder impingement, right knee internal derangement, suboccipital headaches, greater occipital neuralgia. On 7-9-2015, he reported headaches, neck pain, and increased left shoulder pain. He indicated medications to decrease his pain by 50 percent. He informed the provider he does not take Norco all the time. He indicated he had tried stopping his medications and found this to be unbearable resulting in his use of marijuana. An injection of Toradol was administered on this date. On 7-28-2015, he reported neck pain with radiation into the left arm and hands rated 6-7 out of 10, left shoulder pain indicated to be worsened and rated 8 out of 10, suboccipital headaches, and right knee pain. He indicated he is moving out of state and that with an increase in medications he was able to increase his level of function with household chores, sitting and driving. Physical examination revealed spasm in the neck, decreased and painful range of motion to the neck, decreased sensation on left C6, decreased grip on the right C6-7 radiculopathy, and the left shoulder revealed positive for impingement, and decreased painful range of motion. The treatment and diagnostic testing to date has included medications, magnetic resonance imaging of the cervical spine (1-20-2015), magnetic resonance imaging of the left shoulder (1-21-15), TENS, urine drug screen (date unclear), multiple sessions of physical therapy. Medications have included Norco, Omeprazole, and Soma. The records indicate he has been utilizing Norco since at least February 2015, possibly longer. Current work status is unclear. The request for authorization is for Norco 10-325mg quantity 180 for a 2-month supply. The UR dated 9-16-2015 modified certification of Norco 10-325mg quantity 120 for a 2-month supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), 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 first 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, Tricyclic or weaning failure. It was used in combination with Soma, which can increase heroin-like effect. The continued use of Norco is not medically necessary.