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| Case Number: | CM15-0200030 | | |
| Date Assigned: | 10/15/2015 | Date of Injury: | 04/06/2010 |
| Decision Date: | 11/24/2015 | UR Denial Date: | 09/25/2015 |
| Priority: | Standard | Application Received: | 10/12/2015 |

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 57 year old female, who sustained an industrial injury on 4-6-2010. The medical records indicate that the injured worker is undergoing treatment for cervical discopathy, right upper extremity radiculopathy, associated cervicogenic headaches, lumbar spine disc herniation, right lower extremity radicular symptoms, medication-induced gastritis, right shoulder internal derangement, status post subacromial decompression (4-21-2011), and right brachial plexus injury with chronic regional pain syndrome. According to the progress report dated 9-11-2015, the injured worker continues to have debilitating pain throughout the day which requires analgesic medication. She tried several opiate pain pills including OxyContin, but they are too strong. The treating physician notes that she is taking up to 6 or 7 Norco tablets a day. She notes about 30% pain relief for 4 to 5 hours after each dose of pain medication, which allows her to increase her functional activity throughout the day and sleep better. The level of pain is not rated. The physical examination of the cervical spine reveals tenderness to palpation in the posterior cervical spine musculature, trapezius, medial scapular, and suboccipital region. There are multiple trigger points and taut bands palpated throughout. There is decreased range of motion. She has diminished sensation along the right posterior lateral arm and lateral forearm, as well as the medial aspect of the arm in more of a global distribution. The current medications are Anaprox, Prilosec, Norco (since 5-19-2015), Lidoderm patch, and Topamax. Previous diagnostic studies include electrodiagnostic testing and MRI studies. Treatments to date include medication management, physical therapy, stretching exercises, and trigger point injections. Work status is

described as temporary total disability. The original utilization review (9-25-2015) partially approved a request for Norco 10-325mg #70 (original request was for #90).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #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): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

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 NSAIDS and topical analgesics. Pain reduction due to Norco alone is unknown. There was no mention of Tylenol or weaning failure. The continued and chronic use of Norco is not medically necessary.