

Case Number:	CM15-0201203		
Date Assigned:	10/16/2015	Date of Injury:	07/27/2012
Decision Date:	11/24/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/13/2015

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 41 year old female, who sustained an industrial injury on 7-27-12. The injured worker was diagnosed as having articular cartilage disorder of forearm; cervical radiculopathy; shoulder rotator cuff tear; bicipital tenosynovitis; shoulder pain; hand and wrist pain; wrist tenosynovitis. Treatment to date has included status post right carpal tunnel release surgery (no date no report); physical therapy (x12 per PR-2 5-14-15); medications. Currently, the PR-2 notes dated 9-2-15 indicated the injured worker still has not got authorization for the pain management and or physical therapy. The provider documents "Her shoulder is still the same. She is taking two or three Norco per day for pain control." On physical examination, the provider documents "She has 90 degrees of elevation, externally rotates to 40 degrees and internally rotates to top of buttocks crease. There is diffuse pain with any movement. I cannot test the strength of the rotator cuff secondary to it generative pain. She has tenderness over the right trapezius. She also has pain over the left shoulder." The treatment plan documentation notes "Plan to refill her Norco #60. She needs physical therapy to improve function. She also needs a pain specialist to help her with her pain as nothing further need to be done orthopedically. She is temporarily totally disabled for another two months. A PR-2 note dated 8-20-15 indicates the injured worker is requesting medication refills and reports "adequate pain relief on a current medications regimen." However, this note does not list her current medications, the medications she is requesting or the refilled medications by name. The provider notes in his recommendations of this note: "Today, the patient is being provided with a prescription for her medications." A Request for Authorization is dated 10-13-15. A Utilization Review letter is dated 9-17-15 and non-certification for Norco 10-325mg #60. A request for authorization has been received for Norco 10-325mg #60.

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, 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, Tricyclic or weaning failure. Pain scores were not routinely noted. Justification for recent use was not provided. The continued use of Norco is not medically necessary.