

Case Number:	CM15-0020630		
Date Assigned:	02/10/2015	Date of Injury:	10/25/2005
Decision Date:	11/10/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/04/2015

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 50 year old female, who sustained an industrial injury on 10-25-2005. Medical records indicate the worker is undergoing treatment for right shoulder surgery with chronic right shoulder pain, chronic left shoulder pain, chronic left ankle pain, chronic cervical pain, chronic lumbar pain and chronic left lower extremity pain. A recent progress report dated 12-16-2014, reported the injured worker complained of pain in the neck, low back, bilateral shoulders and left lower extremity. Physical examination revealed bilateral paracervical tenderness from cervical 2 to thoracic 1, parathoracic tenderness from thoracic 1 to lumbar 1 and lumbar tenderness from lumbar 1 to sacral and bilateral rotator cuff tenderness. The documentation from the 12-16-2014 visit noted the injured worker obtained pain relief and improved functioning from taking Norco with no evidence of doctor shopping or medications noncompliance. Treatment to date has included right shoulder surgery x3, physical therapy and medication management. The injured worker is on modified duty status. On 12-16-2014, the Request for Authorization requested Norco 5-325mg #120. On 1-12-2015, the Utilization Review noncertified the request for Norco 5-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 5/325mg #120: 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.

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 opioids for an unknown length of time but had been on Vicodin since 2013 (contains the same ingredients as Norco). There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.