

Case Number:	CM15-0030981		
Date Assigned:	02/24/2015	Date of Injury:	02/03/2005
Decision Date:	04/02/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/19/2015

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 a work related injury on February 3, 2005, after losing his balance and grabbing a hand rail, incurring injuries to his neck, scapula with radiation of pain into his shoulder. He complains of pain and stiffness in the neck and shoulders. Treatment included physical therapy, Tens unit, medications and surgery. He was diagnosed with right shoulder strain, impingement syndrome, and rotator cuffs tear. He underwent a right shoulder decompression and rotator cuff repair, left shoulder arthroscopic and decompression, and cervical fusion with discectomy. Currently, in December, 2014, the injured worker complained of left shoulder pain. On February 4, 2015, a request for one prescription of Norco 5/325 mg #45 with 2 refills was modified to one prescription of Norco 5/325 mg #34 with 0 refills between January 14, 2015 and May 4, 2015, by Utilization Review, noting the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #45 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

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 Hydrocodone since at least 2013 and on Darvocet prior to that. The pain score have remained consistent for years. There was no indication of weaning to determine pain tolerance or Tylenol failure. Long-term use of Norco can lead to dependence and tolerance. The continued use of Norco is not medically necessary