

Case Number:	CM15-0032160		
Date Assigned:	02/25/2015	Date of Injury:	07/27/2000
Decision Date:	04/03/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/20/2015

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 52 year old female, who sustained an industrial injury on 7/27/2000. She reports cumulative injury to the neck and upper arms. Diagnoses include cervical degenerative disc disease, cervical muscle spasm and chronic neck pain. Treatments to date include physical therapy, epidural steroid injection, trigger point injections and medication management. A progress note from the treating provider dated 1/30/2015 indicates the injured worker reported aching neck and upper arms. She had been on Norco since at least January 2014. Her pain reduced from 8/10 to 2/10 at that time as well at this recent request to continue Norco. The claimant was taking Naproxen and Gabapentin along with Norco. On 2/10/2015, Utilization Review modified the request for Norco 10/325 mg #30 to #25 for weaning purposes, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

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 Norco for over a year . There is no indication for combining NSAID and Gabapentin for the claimant's diagnosis with the Norco. There is no indication of Tylenol failure or response to pain score with Norco reduction. Long-term use can lead to addiction and tolerance. The continued use of Norco is not medically necessary.