

Case Number:	CM15-0033638		
Date Assigned:	02/27/2015	Date of Injury:	07/05/1996
Decision Date:	04/06/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/23/2015

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 71 year old male who sustained an industrial injury on 07/05/1996. Diagnoses include bilateral carpal tunnel, neck and back pain, and upper extremity pain. Treatment to date has included medications, and wrist splints. A physician progress note dated 01/21/2015 documents the injured worker has pain in his neck, shoulders, hand, back, legs and knees. He takes medication for pain, sleep and anxiety. He can flex his neck to 2 fingerbreadth of this chess and can extend 10 degrees and rotate 30 degrees. There is no spasm. There is tenderness of the trapezius base bilaterally. He has good motion with motor intact in his upper extremities. Regarding his back he can forward bend 60 degrees. Hyperextending, lateral bending and twisting are done. He will continue with conservative treatment and medications. Treatment requested is for Norco 5-325mg, quantity 180. On 01/30/2015 Utilization Review non-certified the request for Norco 5-325mg, quantity 180 and cited was California Medical Treatment Utilization Schedule-Chronic Pain 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, quantity 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Criteria for use of Opioids Page(s): 76-78, 91.

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 Vicodin previously for an unknown length of time without objective evidence of improvement in pain and function. Vicodin contains Hydrocodone similarly to Norco. The use of Norco is not justified and not medically necessary.