

Case Number:	CM15-0034264		
Date Assigned:	02/27/2015	Date of Injury:	01/01/2007
Decision Date:	04/07/2015	UR Denial Date:	01/26/2015
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 63 year old female, who sustained a work related injury on 1/1/07. The diagnoses have included osteoarthritis, meniscus tear knee, lumbar disc disease, lumbosacral sprain/strain, left Achilles tendinitis/bursitis, bilateral knee sprain and right shoulder sprain with right humeral head fracture. Treatments to date have included a viscosupplementation injection to knee on 10/8/14 with some pain relief, lumbar spine x-rays dated 11/19/14 and oral medications. In the PR-2 dated 1/21/15, the injured worker complains of pain to right wrist, knees, lower back and left heel. The pain is the same in all areas since last visit. She has tenderness to both knees. On 1/26/15, Utilization Review non-certified a request for Norco 10/325mg., #90. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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 6 months without documentation of pain score response or Tylenol failure. In addition, a recent urine test in November 2015 was not consistent with medication (Norco) taken. The continued use of Norco is not medically necessary.