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| Case Number: | CM15-0046619 | | |
| Date Assigned: | 03/18/2015 | Date of Injury: | 04/07/2012 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/25/2015 |
| Priority: | Standard | Application Received: | 03/11/2015 |

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 61-year-old female, who sustained an industrial injury on 04/07/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post right shoulder arthroscopic subacromial depression, biceps tendinosis and rotator cuff repair, left shoulder impingement syndrome with acromioclavicular joint arthrosis and possible rotator cuff tear, bilateral elbow medial and lateral epicondylitis, bilateral carpal tunnel syndrome, lumbosacral strain/arthrosis/discopathy with central canal stenosis, status post left knee arthroscopic partial lateral meniscectomy with chondroplasties, status post right knee arthroscopy with arthrosis, bilateral foot and ankle strain/arthrosis, sleep disturbance, psychiatric complaints, and abdominal pain. Treatment to date has included medication regimen, home exercise program, epidural injection, and above listed procedures. In a progress note dated 01/27/2015 the treating provider reports left shoulder and lumbar spine complaints with tenderness to palpation in the lumbar spine, decreased range of motion to the left shoulder, positive bilateral straight leg raise with the right greater than the left. The treating physician requested the medication Norco noting that this medication assists in alleviating the injured worker's severe pain and assists in improving her function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS, opioids ongoing management, page 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 Tramadol previously. Pain scores were not noted. Length of prior Norco use is unknown. The use of Norco was not substantiated. The request for Norco is not medically necessary.