

Case Number:	CM15-0052074		
Date Assigned:	03/25/2015	Date of Injury:	04/26/2012
Decision Date:	09/04/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/19/2015

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 53 year old male, who sustained an industrial injury on April 26, 2012. He reported abrupt onset of left shoulder and neck pain. The injured worker was diagnosed as having cervical strain. Treatment to date has included surgery, medication, elbow support, home exercise program, toxicology screens, x-ray, MRI, physical therapy, H-wave unit, activity modification and psychological evaluation. Currently, the injured worker complains of right shoulder pain that increases with lifting and any movement above the shoulder level. He reports right elbow pain that is increased with grasping and pulling activities. The pain is rated at 4 on 10. The injured worker is diagnosed with rotator cuff syndrome. His work status is, not ready to return to full duty as a general laborer. A progress note dated May 1, 2013, states the injured worker did not experience any benefit from the H-wave unit. A progress note dated March 6, 2013 states physical therapy is improving the injured worker's range of motion. A note dated July 7, 2014, states the injured worker experiences pain relief from stretching exercises. Norco was again requested in February 2015. The medication, Norco 10-235 mg #60 is requested to continue to provide the injured worker with pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 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 3 years. There was no mention of Tylenol, NSAID, Tricyclic, or weaning failure. The continued and chronic use of Norco is not medically necessary.