

Case Number:	CM15-0053181		
Date Assigned:	03/26/2015	Date of Injury:	05/23/2008
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/20/2015

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 54 year old male, who sustained an industrial injury on 05/23/2008. On provider visit dated 03/19/2015 the injured worker has reported continued lower back pain, right knee pain and bilateral shoulder pain. On examination bilateral shoulders he was noted to have tenderness to palpation over the anterolateral aspect, a decreased range of motion, positive Neer sign, positive thumbs down sign, positive apprehension sign and possible tear of the supraspinatus tendon or to the labrum. Lumbar was noted to have tenderness to palpation over the paralumbar muscle with a decreased range of motion and a positive raise leg raise. Right knee was noted to have atrophy over the quadriceps muscle. The diagnoses have included right shoulder impingement syndrome, bursitis rule out tear, left shoulder impingement syndrome rule out tear, osteoarthritis of left acromioclavicular joint and musculoligamentous strain of the lumbar spine with history or radiculitis rule out herniated discogenic disease. Treatment to date has included medication. The provider requested the medication Norco for symptom management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Noeco 5/325 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
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 and several other opioids for over 6 months. There was no indication of Tylenol failure. A controlled substance agreement was not noted. The continued use of Norco is not medically necessary.