

Case Number:	CM15-0012154		
Date Assigned:	01/29/2015	Date of Injury:	12/14/2009
Decision Date:	03/25/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/21/2015

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, Texas
 Certification(s)/Specialty: Internal Medicine

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 59 year old female, who sustained a work/ industrial injury due to repetitive motion at the keyboard and reaching overhead for files on 12/14/09. She has reported symptoms of right shoulder and neck pain. Prior medical history includes anxiety, depression, hypothyroidism, and migraine headaches. The diagnoses have included brachial neuritis or radiculitis, other chronic postoperative pain, chronic pain due trauma, and unspecified myalgia and myositis. As per the 12/15/14 follow up evaluation, there was constant pain in the neck and right shoulder. The pain radiated bilaterally and was rated 5/10. Treatment to date has included wrist brace, physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit, trigger point injections, and medications. Medications included Butrans patch, Bupropion Hydrochloride, Norco, and Lyrica. A request was made from the treating physician for refill of medications. On 12/24/14, Utilization Review non-certified Norco 10/325 mg #90 (between 12/22/14 and 2/5/15), noting the California Medical treatment Utilization Schedule (MTUS), Neck and Upper Back Complaints, Shoulder Complaints, and Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: Norco 10/325mg is a combination medication including hydrocodone and acetamenophen. It is a short-acting, pure opioid agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case the patient has not returned to work and there is not documentation supporting significant functional improvement while using this medications.