

Case Number:	CM15-0014196		
Date Assigned:	02/02/2015	Date of Injury:	09/15/2013
Decision Date:	03/19/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/26/2015

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 76 year old female who sustained an industrial injury on 09/15/2013. The current diagnosis includes radial tunnel syndrome. Treatments to date include medications and injections. Report dated 12/11/2014 noted that the injured worker presented with complaints that included shoulder, wrist, and elbow pain. There was no detailed physical examination provided. Current medication regimen included Norco and Tylenol. The physician noted that the injured worker cannot take non-steroidal anti-inflammatory medications due to dyspepsia. The utilization review performed on 12/31/2014 non-certified a prescription for Norco based on the clinical information submitted does not support functional improvement with the use of the medication. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: Upheld

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

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 length of Norco use is unknown. The claimant had been on Tylenol and the pain relief attributed to Norco and Tylenol cannot be determined. In addition, there was no indication for combining the two since Norco contains Tylenol. The continued use of Norco is not medically necessary.