

Case Number:	CM15-0015350		
Date Assigned:	02/03/2015	Date of Injury:	12/08/1998
Decision Date:	03/20/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/27/2015

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 12/08/1998. Medical records provided did not indicate the injured worker's mechanism of injury. Diagnoses include cervical degenerative disc disease, cervical radiculopathy, myofascial pain syndrome, history of left ulnar neuropathy, depression, and bilateral occipital neuralgia. Treatment to date has included medication regimen, urine drug screen, magnetic resonance imaging of the cervical spine, laboratory studies, psychiatric therapy, and Toradol injection. In a progress note dated 01/08/2015 the treating provider reports chronic neck pain that radiates to both arms, alternating right and left arm pain, numbness to the right elbow and bilateral fingers, increased burning pain to the fingers, pain in wrists, and with increased neck pain are headaches that are noted to be sharp and located in the right forehead. The injured worker rates the pain a seven out of ten. The treating physician requested Norco for use as needed for breakthrough pain. The claimant has been on MSContin, Norco and Vimovo (NSAID) for over 6 months with similar pain scale response of 10/10 to 7/10 with medications. On 01/20/2015 Utilization Review modified the requested treatment of Norco 5/325mg one by mouth as needed for breakthrough pain for a quantity of 90 to Norco 5/325mg one by mouth as needed for breakthrough pain for a quantity of 60 to be weaned off over the next three months, noting the California Medical Treatment Utilization Schedule.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg quantity 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 for a several months without significant attributable improvement in pain or function. There was no indication for combining short, long acting opioids and NSAID. There was no indication that Tylenol and/or NSAID can be used for breakthrough pain along with MSContin. The continued use of Norco is not medically necessary.