

Case Number:	CM15-0117599		
Date Assigned:	06/25/2015	Date of Injury:	07/01/2013
Decision Date:	07/24/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/18/2015

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 59 year old male, who sustained an industrial injury on July 1, 2013, incurring back, hip, shoulder, knee and ankle injuries. He was diagnosed with lumbar disc disease, cervical discopathy, left hip degenerative changes with a labral tear, left shoulder arthrosis, left knee tendonitis and a left ankle sprain and depression with anxiety. Treatment included physical therapy, home exercise program, steroid injections, psychotherapy sessions, pain medications, topical analgesic gels, and Cognitive Behavioral Therapy and work restrictions. Currently, the injured worker complained of continued pain in his neck and shoulder with reduced range of motion. He complained of increased anxiety, stress, depression and sleep disturbance secondary to the persistent pain. The treatment plan that was requested for authorization included a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Steps to take before a therapeutic trial of Opioids, Initiating therapy, Screening for risk of addiction (tests), On-going management Page(s): 91, 76, 77, 90, 78.

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 an unknown length of time. Failure of Tylenol or NSAID was not noted nor a weaning attempt. Pain scores were not routinely documented. The continued use of Norco was not justified and not medically necessary.