

Case Number:	CM15-0119886		
Date Assigned:	07/02/2015	Date of Injury:	12/19/1998
Decision Date:	12/16/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/22/2015

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:

This is a 60 year old male who sustained an industrial injury on 12-19-1998. A review of the medical records indicates that the injured worker is undergoing treatment for status post right shoulder arthroscopy with degenerative changes, status post left shoulder arthroscopy times two with decompression and clavicle incision, bilateral carpal tunnel syndrome, bilateral ulnar neuritis, sprain-strain of the lumbar spine, status post left and right knee arthroscopy, sprain-strain of the left shoulder, status post left shoulder arthroscopy and status post right and left carpal tunnel release. According to the progress report dated 6-1-2015, the injured worker complained of low back pain with pain radiating into his right lower extremity and into his right great toe. He also complained of right knee pain. He was not currently working. He was taking two to three Norco per day. He stated he had occasional dizziness and sweating from his Norco. He rated his pain 9 out of 10 without medications and 6 out of 10 with medications. He noted improvement with his activities of daily living as well as an increased ability to sit, stand and walk as a result of his current medication usage. Objective findings (6-1-2015) revealed the injured worker to be wearing a right knee brace and walking with antalgia, favoring the right lower extremity. Tenderness was noted over the lumbosacral spine and over the bilateral paraspinal musculature, where spasms and myofascial trigger points were noted. There was tenderness and patellofemoral crepitus about the right knee. Treatment has included surgery and medications. Current medications (6-1-2015) included Norco (unclear duration), Prilosec and Naproxen. The request for authorization was dated 6-1-2015. The original Utilization Review (UR) (6-10-2015) denied a request for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #100 with No Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

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 an unknown length of time. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.