

Case Number:	CM15-0125445		
Date Assigned:	07/10/2015	Date of Injury:	03/12/2012
Decision Date:	08/05/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/29/2015

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 March 12, 2012. The injured worker was diagnosed as having shoulder pain, shoulder degenerative joint disease (DJD), chronic pain syndrome, knee pain and long-term drug therapy. Treatment to date has included shoulder and knee surgery, physical therapy and medication. A progress note dated June 15, 2015 provides the injured worker complains of shoulder, hand and knee pain. She rates her pain 7/10. Physical exam notes normal gait, decreased range of motion (ROM) of the shoulders and left thumb brace. The plan includes orthopedic consult, psychology therapy, labs and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg 1-2 tablets twice a day as needed for 30 days #90: Upheld

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

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 several months along with NSAIDS without significant improvement in pain response. Pain level reduction with Norco alone is unknown. Weaning attempt or Tylenol failure is not documented. Continued use of Norco is not medically necessary.