

Case Number:	CM15-0171317		
Date Assigned:	09/11/2015	Date of Injury:	07/07/2014
Decision Date:	10/16/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/31/2015

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 38 year old female who sustained an injury on 7-7-14 resulting from a motor vehicle accident. She had pain in her neck, upper-back, mid back, lower back, right shoulder, right arm, bilateral elbows, wrist and hands. Initially she was prescribed Flexeril and Percocet. Diagnostic tests included X-rays neck and back on 7-19-14; MRI's of the neck and thoracic spine on 9-16-14; electromyogram and nerve conduction studies right upper extremity. Physical therapy (6) sessions and transcutaneous electrical nerve stimulation provided significant pain relief. Diagnoses include cervical radiculopathy; cervical facet syndrome; cervical strain; spasm of muscle; carpal tunnel syndrome; shoulder pain; thoracic pain and lateral epicondylitis. A review of the medical records indicate that since at least 6-30-15 she was taking Norco 10-325 1 tablet four times a day as needed and urine toxicology screen was noted to be completed and results were negative for all substances. Currently as noted on the 7-28-15 report indicates neck pain radiating from neck down right arm and with medications rated 8 out of 10. Her activity level has decreased and was taking medications as prescribed and she reports the medications are working well. She was experiencing increased neck pain and progress weakness of the right upper extremity. Medications included Naprosyn 500 mg; Benadryl 25 as needed; Lyrica 75 mg 1 three times a day; Norco 10-325 1 four times a day as needed. Physical examination cervical spine reveals mild kyphosis; range of motion restricted with flexion and extension due to pain. Thoracic spine reveals mild moderate kyphosis; spasm and tenderness noted on both sides. Lumbar spine reveals loss of normal lordosis with straightening of the lumbar spine; range of motion restricted with flexion and extension. Right shoulder reveals no swelling, deformity, joint

asymmetry or atrophy; movements are restricted with flexion and internal rotation; and external rotation. Right elbow reveals no swelling or limitation on flexion, extension, pronation or supination. Right wrist reveals no swelling, atrophy or deformity; tenderness was noted over carpal ligament, tunnel. Urine toxicology screen was completed and the results are negative for all substances. Work restrictions included not to lift greater than 5 pounds, no repetitive bending and twisting and no typing more than 90 minutes a day; no continuous driving, sitting more than 1 hour with breaks as needed. Norco 10-325 1 tab four times a day as needed #120 as short acting pain medication in hopes of pain relief and improved function. She states this medication has been helpful and her activity function has improved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: 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 in combination with NSAIDS for several months with minimal improvement in pain scores or function. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. There was mention of allergy to Tylenol but cannot be the case since Norco contains Tylenol. The continued use of Norco is not medically necessary.