

Case Number:	CM15-0172354		
Date Assigned:	09/14/2015	Date of Injury:	05/07/2012
Decision Date:	10/15/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/01/2015

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 55 year old female, who sustained an industrial injury on 5-7-12. She reported neck pain, headache, and low back pain. The injured worker was diagnosed as having post traumatic headache post motor vehicle accident, possibility of cervical radiculopathy, and mild traumatic brain injury. Treatment to date has included physical therapy and medication including Norco, Lyrica, and Cymbalta. The injured worker had been taking Norco since at least June 2012 and using Therma care heat patches since at least 2013. On 5-13-15 and 8-5-15 pain was rated as 4 of 10 with medication and 10 of 10 without medication. Currently, the injured worker complains of neck pain and shoulder pain. Bilateral hand pain was also noted. On 8-10-15 the treating physician requested authorization for Norco 7.5-325mg #60 and Therma care patches #60. On 8-17-15 the request for Norco was modified to a quantity of 15 and Therma care patches were non-certified. Regarding Norco, the utilization review (UR) physician noted weaning was initiated in multiple past reviews due to continued lack of insufficient evidence of functional improvement. Regarding Therma care patches, the UR physician noted "per the submitted documentation the patient had been using passive heat patches since at least January 2013 without any specific documentation of pain and function improvement as a result of their use."

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #60: 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 for several months. There was no mention of Tylenol , NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

Therma care patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Theramcare contains medications that provides heat and cold effects to provide analgesia. There is insufficient evidence for its use. The claimant had been on the medications for several months. Long-term use is not supported for any topical analgesics. The request to continue Thermacare is not medically necessary.