

Case Number:	CM15-0177933		
Date Assigned:	09/18/2015	Date of Injury:	03/10/2003
Decision Date:	11/10/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/09/2015

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 51 year old female, who sustained an industrial injury on 03-10-2003. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for thoracic outlet syndrome, myofascial pain syndrome, carpal tunnel syndrome, and cervical degenerative disc disease. Medical records (01-05-2015 to 08-06-2015) indicate ongoing chronic cervical spine and chronic bilateral shoulder pain radiating to both hands. Daily pain levels were 5-8 out of 10 on a visual analog scale (VAS) and described as deep, throbbing, aching, and burning in the neck and bilateral shoulders. There was also constant numbness in the hands and arms and left leg numbness from mid-thigh to the foot, as well as intermittent headaches. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The PR and physical exam, dated 08-06-2015, reported that the IW was in the emergency room the previous week due to whole left-sided numbness, and revealed full, but guarded and painful, range of motion (ROM) in the cervical spine, tenderness to palpation over the paracervical muscles with noted spasms, tight bands and trigger points, radiating pain with palpation, tender spinous process at C5-6, tenderness to the rhomboids and trapezius muscles, pain with Spurling's maneuver bilaterally, positive Root's test after 15 seconds with right leg paresthesia after 30 seconds, and positive Tinel's test bilaterally. Relevant treatments have included physical therapy (PT), acupuncture with benefit, work restrictions, and pain medications (Norco since at least 2014). A opioid agreement was reported to be on file. The request for authorization (08-06-2015) shows that the

following medication was requested: Norco 5-325mg. The original utilization review (08-17-2015) non-certified the request for Norco 5-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg: 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 neuropathic pain, Opioids for chronic 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 a year. There was no mention of Tylenol or weaning failure. The continued and long-term use of Norco is not medically necessary.