

Case Number:	CM15-0177998		
Date Assigned:	09/28/2015	Date of Injury:	04/30/2014
Decision Date:	11/03/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/10/2015

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 47 year old male, who sustained an industrial injury on 04-30-2014. He has reported subsequent neck pain, shoulder pain and headaches and was diagnosed with cervical sprain syndrome, shoulder and upper arm strain, myalgia and myositis, rule out carpal tunnel syndrome and non-steroidal anti-inflammatory induced gastritis. MRI of the right shoulder was noted to show degeneration and low grade tearing of the supraspinatus. Treatment to date has included oral and topical pain medication, transcutaneous electrical nerve stimulator (TENS) unit, application of heat, chiropractic therapy, home exercise program and acupuncture which were noted to fail to significantly decrease pain. Documentation shows that Norco was prescribed since at least 06-17-2015 for severe pain. In a progress note dated 07-14-2015, the injured worker reported 5-6 out of 10 neck pain that was reduced by 50% with the use of twice daily Norco and that Norco allowed for self-care and activities of daily living. There were no specifics given as to the duration of pain relief or the activities of daily living that had improved from usage of Norco. Objective findings revealed positive cervical multi-level disc disease, decreased range of motion of the right shoulder and positive Neer's sign. In a progress note dated 08-18-2015, the injured worker reported 6 out of 10 neck pain and headache as well as gastrointestinal burning. The only objective examination findings revealed that affect and mood were appropriate. Work status was documented as temporarily totally disabled. A request for authorization of Norco 5-325 mg #60 was submitted. As per the 08-26-2015 utilization review, the request for Norco 5-325 mg #60 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 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, criteria for use, 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. Although the claimant could not tolerate NSAIDS, there was no mention of Tylenol or weaning failure. Long-term use of Norco is not recommended. The continued use of Norco is not medically necessary.