

Case Number:	CM15-0029311		
Date Assigned:	02/23/2015	Date of Injury:	09/29/2010
Decision Date:	04/01/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	02/17/2015

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:

This 49 year old female sustained an industrial injury on 9/29/10. She subsequently reports ongoing right shoulder and wrist pain. Diagnoses include sprain of wrist, rotator cuff syndrome, strain of shoulder, labral tear of shoulder and tear of cartilage in wrist. MRIs of the right shoulder and right wrist confirm tear injuries. The injured worker has undergone shoulder surgery. Treatments to date have included physical therapy, modified work duty, injections and prescription pain medications. On 1/17/15, Utilization Review non-certified a request for Norco #60. The Norco #60 request was denied based on MTUS Chronic Pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 209-211,27,Chronic Pain Treatment Guidelines Page(s): 75-72. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand chapter.

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 length of prior use of Norco was not specified. Tylenol failure was not noted. Many prior progress notes indicate 7/10 pain with mention of what has been used to manage the pain previously. The request for Norco is not substantiated and therefore not medically necessary.