

Case Number:	CM15-0064207		
Date Assigned:	04/10/2015	Date of Injury:	12/02/2010
Decision Date:	05/08/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/03/2015

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, with a reported date of injury of 12/02/2010. The diagnoses include posterior upper neck pain with left upper extremity symptoms, left shoulder pain, and low back and left lower extremity pain. Treatments to date have included Norco, Flexeril, and nerve conduction velocity study. The progress report dated 01/21/2015 indicates that the injured worker complained of ongoing persistent neck pain with radicular symptoms into both shoulders. It was noted that he continued to do well on his pain medication regimen. The objective findings indicated that there were no significant changes. The treating physician requested Norco 5/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

055289-0894 Norco 5/325 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 78-94.

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 claimant had been on Norco for over 6 months. There was no mention of attempt to wean or failure of Tylenol use. A physical exam comparing functional findings beyond subjective improvement were not noted. Continued use of Norco is not indicated and not medically necessary.