

Case Number:	CM15-0069792		
Date Assigned:	04/17/2015	Date of Injury:	07/20/2001
Decision Date:	05/18/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/13/2015

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 42-year-old female who sustained an industrial injury on 07/20/2001. Current diagnoses include brachial neuritis/radiculitis and sprain/strain of the neck. Previous treatments included medication management. Previous diagnostic studies included a cervical spine MRI. Initial complaints included an injury to the neck when a defective door fell on her neck. Report dated 03/04/2015 noted that the injured worker presented with complaints that included cervical spine pain with headaches and radiation to the shoulders. Pain level was rated as 5 out of 10 (least) and 10 out of 10 (worst) on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included prescribing medications, request for EMG, request for acupuncture, and continue home stretches. Disputed treatments include Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 500mg 2-3x/day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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 5-10/10 pain. Pain reduction with medication was no specified in the 3/16/15 progress note. The claimant was on Norco and NSAIDs. There was no mention of failure of Tricyclic or weaning attempt. The claimant had been on Norco for over a year. Continued and chronic use of Norco is not medically necessary.