

Case Number:	CM15-0072382		
Date Assigned:	04/22/2015	Date of Injury:	05/10/2006
Decision Date:	05/20/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/15/2015

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 61 year old female, who sustained an industrial injury on May 10, 2006. The injured worker was diagnosed as having chronic neck and left upper extremity pain, lumbar degenerative disc changes, chronic left shoulder pain with arthroscopic surgery and lumbar pseudospondylolisthesis. Treatment and diagnostic studies to date have included surgery, therapy and medication. A progress note dated February 24, 2015 provides the injured worker complains of neck, shoulder and low back pain radiating down buttock and right leg to the foot. The lower extremity pain is new since last visit. She reports medication allows her to continue to work full time. Physical exam notes increased tenderness of lumbar area with positive sciatic notch and right leg lift. The plan includes medication, lab work electromyogram and nerve conduction study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 5/325 mg. QTY: 60.00 DOS: 02/24/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines Plus, APG I Plus, 2010, chapter Chronic Pain.

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 was also on Norco 10 mg - 6 times daily along with the 5 mg - 2 times daily. The claimant has been on Norco for over 6 months. There was no indication of prior Tylenol or Tricyclic failure. In addition, the claimant was on Gabapentin and NSAIDS to reduce pain from 8 to 5/10 without direct correlation of Norco's contribution to pain relief. The continued and chronic use of Norco as above is not recommended and is not medically necessary.