

Case Number:	CM15-0072430		
Date Assigned:	04/22/2015	Date of Injury:	12/22/2010
Decision Date:	05/20/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/16/2015

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 48-year-old male who sustained an industrial injury on 12/22/2010. The injured worker was diagnosed with chronic low back pain with left lower extremity pain and shoulder pain. Treatment to date includes diagnostic testing with most recent lumbar magnetic resonance imaging (MRI) in May 2013 and left shoulder magnetic resonance imaging (MRI) on February 12, 2014, surgery, physical therapy and medications. The injured worker is status post and left shoulder arthroscopic repair in February 2013 and right shoulder surgery in 2008 (prior to injury date). According to the primary treating physician's progress report on February 27, 2015, the injured worker continues to experience lower back and left shoulder pain. Examination noted no signs of infection. There were no other objective findings documented. Current medications are listed as Norco, Trazodone, Lyrica, Zanaflex and Cymbalta. Treatment plan consists of no lifting above shoulder level, medication counseling and the current request for Norco renewal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91; 78-80.

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 a yr. The November urine screen was negative for Norco due to claimant consuming alcohol. Long-term use of Norco is not recommended. There were no VAS scores documented at the time of renewal of Norco. Continued Norco is not medically necessary.