

Case Number:	CM15-0074524		
Date Assigned:	04/24/2015	Date of Injury:	04/10/2012
Decision Date:	05/21/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/20/2015

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 who sustained an industrial injury on April 10, 2012. He has reported neck pain and has been diagnosed with cervical myoligamentous injury with bilateral upper extremity radicular symptoms, cervical myoligamentous injury with right upper extremity radicular symptoms, and blunt head trauma with post traumatic headaches. Treatment has included injection, medication, and physical and manipulative therapy. Currently the injured worker had tenderness to palpation of the posterior cervical musculature. The treatment request included Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 60: Upheld

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

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 several months in combination with Anaprox and Flexeril. Pain relief was mentioned to be good (50% reduction) in a recent visit on 3/4/15. There was no mention of Tylenol failure or decreased dosing. In addition, the claimant required ESI to reduce the pain significantly (70% reduction), indicating incomplete relief with the combination of medications and totaling an unequated 120%. Long-term and continued use of Norco is not medically necessary.