

Case Number:	CM15-0076647		
Date Assigned:	04/28/2015	Date of Injury:	09/30/2008
Decision Date:	05/26/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/22/2015

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 66-year-old male, who sustained an industrial injury on 09/30/2008. He has reported injury to the right shoulder. The diagnoses have included chronic right shoulder pain. Treatment to date has included medications, diagnostics, injections, and physical therapy. Medications have included Norco and Tramadol. A progress note from the treating physician, dated 04/10/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of right shoulder pain; typically takes ½-1 tablet of Norco twice a day; and stopped taking Tramadol because it was giving him nightmares. Objective findings have included no acute distress; no gross deformity of the bilateral shoulders; and right shoulder is held lower than the left. The treatment plan has included the request for Hydrocodone-Acetaminophen (Norco) 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-acetaminophen (Norco) 10/325mg #120: 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 first 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 February 4, 2015, the claimant found the Hydcodone too strong. In addition, recent progress noted indicate the pain is unchanged since the industry and the claimant was only taking 1/2-1 tablet as needed. Based on the above, the request for 120 tablets for Norco is not medically necessary.