

Case Number:	CM15-0077114		
Date Assigned:	04/28/2015	Date of Injury:	07/02/1997
Decision Date:	05/26/2015	UR Denial Date:	04/16/2015
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 65 year old male, who sustained an industrial injury on 7/2/97. He reported a right shoulder injury. The injured worker was diagnosed as having cervicalgia, cervical spondylosis without myelopathy, pain in joint of shoulder and spasm of muscle. Treatment to date has included 5 shoulder surgeries, oral medications including opioids, topical medications, epidurals and physical therapy. Currently, the injured worker complains of pain in neck, upper back, arm and shoulder. The injured worker notes moderate relief of pain with medications. Physical exam noted myofascial pain with trigger points in paracervical and upper back/trapezoid/rhomboid tenderness. Limited range of motion of shoulder with tenderness to palpation is also noted. The treatment plan included medical management including continuation of fentanyl patch, Norco, Neurontin, trial of Celebrex and cervical epidural steroid injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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 along with Fentanyl and NSAIDs for several months with an average pain level of 7/10. The claimant still required invasive procedures to improve function. There was no indication of Tricyclic or Tylenol failure or a weaning program. The request to continue Norco is not medically necessary.