

Case Number:	CM15-0077481		
Date Assigned:	04/28/2015	Date of Injury:	09/02/2008
Decision Date:	06/05/2015	UR Denial Date:	04/14/2015
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 male, who sustained an industrial injury on 9/2/2008. He reported bilateral shoulder pain. The injured worker was diagnosed as having impingement syndrome, shoulder strain, rotator cuff tendonitis/bursitis, and bilateral adhesive capsulitis. Treatment to date has included medications, ice, and left shoulder surgery. The request is for Norco. On 3/19/2015, he complained of bilateral shoulder pain. The treatment plan included: Norco, Naproxen, and Omeprazole. His pain level is not rated. On 4/16/2015, he continued with bilateral shoulder pain. The records indicate he has been utilizing Norco since at least December 2014. The records do not indicate the efficacy of the use of Norco.

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 Opioids Page(s): 91, 78-80, 124.

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 conjunction with NSAIDs. The pain level and function are worsening. Continued use is not showing benefit and long-term use is not indicated. There is no mention of Tricyclic failure. The continued use of Norco is not medically necessary.