

Case Number:	CM15-0095558		
Date Assigned:	05/22/2015	Date of Injury:	09/24/2010
Decision Date:	06/24/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/18/2015

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 43-year-old male, who sustained an industrial injury on 9/24/10. He reported initial complaints of left shoulder pain. The injured worker was diagnosed as having cervical radiculitis; lumbar myalgia; status post left shoulder arthroscopic surgery; left shoulder impingement syndrome; sleep disturbance. Treatment to date has included status post left shoulder surgery (5/16/14) and medications. Currently, the PR-2 notes dated 5/5/15 is hand written. The notes indicated the injured worker complains of sleeping only 4-5 hours because of psych and pain condition. The pain is documented as in both shoulders with the right being greater than the left side. His pain level is noted as a 6 with constant pain and for his psych condition he is taking medication but his symptoms do increase. There is tenderness to bilateral shoulders with fairly good range of motion but with pain and mild weakness. These notes include diagnosis of status post left shoulder arthroscopic surgery; sleep disturbance. The treatment plan notes to continue medication as Norco decreases pain by 65% and only used as needed. The provider is requesting Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 an unknown length of time. Failure of first line medications such as Tylenol or NSIAD is not noted. The continued use of Norco is not justified and not medically necessary.