

Case Number:	CM15-0095831		
Date Assigned:	05/22/2015	Date of Injury:	08/04/2008
Decision Date:	06/26/2015	UR Denial Date:	04/28/2015
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 60-year-old female, who sustained an industrial/work injury on 8/4/08. She reported initial complaints of left arm pain. The injured worker was diagnosed as having bilateral shoulder impingement syndrome, cervical radiculopathy, and right distal radius fracture. Treatment to date has included medication, diagnostic testing, psychiatric evaluation, and sleep study. MRI results were reported on 3/30/12 of the left shoulder signal within the supraspinatus 2 cm proximal to the insertion site through to possibly represent intersubstance tearing or tendinosis, tearing of the superior glenoid labrum with spur formation of the acromioclavicular joint. The right shoulder showed subchondral cyst formation of the acromioclavicular joint. Currently, the injured worker complains of right shoulder, neck, and wrist pain rated 7/10 without medication and 5/10 with medication. Per the primary physician's progress report (PR-2) on 4/7/15, examination of the cervical spine notes spasm, decreased range of motion, facet tenderness, decreased sensation on the right at C6-7, tenderness to palpation over the cervicotracheal ridge. Exam of the shoulders reveal positive impingement bilaterally as well as painful range of motion bilaterally. Exam of the right wrist reveals decreased grip strength, tenderness to palpation over the right wrist as well as hypersensitivity at palmar/volar/dorsal right hand and wrist, tenderness to palpation at triangular fibrocartilage complex and ulnar right wrist pain. Current plan of care-included continuation on current medications. The requested treatments include Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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 over 2 years with prior intermittent use of NSAIDS. Pain levels remained high 10/10 and reduced to 7/10 . There was no indication of additional substantial relief with Norco. There was no mention of Tylenol or Tricyclic failure. Long-term use is not indicated and not medically necessary.