

Case Number:	CM13-0023377		
Date Assigned:	11/15/2013	Date of Injury:	10/03/2008
Decision Date:	05/21/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/12/2013

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female who reported an injury on 10/03/2008. The mechanism of injury was not provided for review. The injured worker ultimately sustained an injury to her left shoulder. The injured worker's treatment history included surgical intervention, physical therapy, injections, multiple medications, and a functional restoration program. The injured worker's medication history included Cymbalta 30 mg, Norco 10/325 mg, and ibuprofen 600 mg since at least 03/2013. The injured worker was evaluated on 07/26/2013. It was noted that the injured worker had been out of her medications for approximately 3 weeks with a significant increase in symptoms. The injured worker's medications included Norco 10/325 mg, Cymbalta 60 mg, and ibuprofen 600 mg. Treatment recommendations included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg tablet SIG take 1 tid for pain #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, evidence of pain relief, managed side effects, and evidence that the injured worker is monitored for compliance to a prescribed medication schedule. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended period of time. However, there was no documentation of a quantitative pain assessment or functional benefit to support continued use. Additionally, there is no documentation that the injured worker is regularly monitored for aberrant behavior. Therefore, continued use of this medication would not be supported. As such, the requested Norco 10/325 mg tablets take 1 three times a day for pain #90 is not medically necessary or appropriate.