

Case Number:	CM13-0030463		
Date Assigned:	11/27/2013	Date of Injury:	08/16/2000
Decision Date:	01/14/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Ohio. 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 physician 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 patient is a 59-year-old female who reported an injury on 08/16/2000. The mechanism of injury was stated to be repetitive stress. The patient was noted to have pain and discomfort in the right shoulder. The patient was noted to have physical therapy. The diagnoses were noted to include history of shoulder surgery x3, repetitive strain injury, myofascial pain syndrome, cervical sprain/strain injury, possible neuropathy, and possible cervical radiculopathy versus peripheral neuropathy. The request was made for Norco 10/325 mg daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80 & 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75 & 78.

Decision rationale: MTUS Chronic Pain Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The clinical documentation submitted for review dated 10/23/2013 revealed the

patient had pain and discomfort in the right shoulder. The patient was noted to feel better with physical therapy. It was noted the physician cautioned the patient about side effects of drowsiness and dizziness with medications that included Ambien, Flexeril, and tramadol. It was further noted that the physician performed a urine drug screen for Norco and the patient showed positive findings for opioid usage. However, the clinical documentation submitted for review failed to provide the number of Norco that was being requested. The medical records submitted for review also failed to provide documentation of analgesia for the patient and documentation of how the medication helped the patient in regards to activities of daily living, as well as whether the patient had side effects from the medication. The request for Norco 10/325 mg is not medically necessary and appropriate.