

Case Number:	CM13-0051138		
Date Assigned:	12/27/2013	Date of Injury:	09/22/2003
Decision Date:	03/07/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/13/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine, 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 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 applicant is a 53 year old female who sustained a work-related injury on 9/22/03. She is noted to have continued pain in the neck, low back and upper extremities. Office notes reveal numbness and tingling complaints, buckling and giving way of her bilateral knees, and bilateral shoulder pain, left side greater than right side with decreased range of motion. Lumbar and cervical tenderness was also noted, as well as left shoulder and knee tenderness. Prior surgery includes multiple left shoulder cuff repairs, lumbar rhizotomy and unrelated right knee arthroscopy. She has been treated with medication, TENS, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 91.

Decision rationale: According to the California MTUS, Norco is recommended for moderate to moderately severe pain (there are no FDA approved Hydrocodone products for pain unless formulated as a combination). For chronic pain, the medication is limited for short term pain

relief, as long term efficacy is unclear. To prescribe Norco for continued use, the guidelines state there should be improvements to function or pain levels, or the applicant should return to work. There is no documentation of functional improvement, lessening of pain, or a return to work. The request is not certified.