

Case Number:	CM13-0051360		
Date Assigned:	04/25/2014	Date of Injury:	02/07/2008
Decision Date:	06/12/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	11/14/2013

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 Anesthesiology, has a subspecialty in Acupuncture and 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 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 patient is a 64 year old female injured worker with date of injury 2/7/08 with related pain in her right arm and pain in her right elbow down to the right hand. She was diagnosed with thoracic disc displacement, villonodular synovitis, shoulder region, villonodular synovitis, forearm and lateral epicondylitis. The documentation submitted for review does not contain imaging studies, or specify the treatment rendered to date. The date of UR decision was 8/27/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF NORCO 5/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/ Acetaminophen Page(s): 91.

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

Decision rationale: With regard to Norco, the California MTUS states: "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of shortacting agents due to their adverse

effects. The duration of action is generally 3-4 hours." It is unclear from the documentation submitted for review whether this is a therapeutic trial of opioids, or on-going management of chronic pain with opioids. The documentation does not include physical exam findings, or pain assessment, or information whether acetaminophen or NSAIDs were tried. The request is not medically necessary.