

Case Number:	CM13-0051570		
Date Assigned:	12/27/2013	Date of Injury:	03/31/2008
Decision Date:	04/30/2014	UR Denial Date:	11/05/2013
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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 32-year-old female who reported an injury on 03/31/2008. The mechanism of injury was noted to be the patient was working as a bartender and was reaching for beverages. The patient's diagnosis was unspecified derangement of joint in shoulder region and sprain of unspecified site of the shoulder and upper arm as well as sprain of the neck. Request per application of independent medical review was for Norco 10/325. The examination on 10/16/2013 revealed the patient had increased the Norco from 4 tablets a day to 6 tablets a day due to ongoing pain. The patient's medication history revealed the patient had been taking opiates since 11/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE NORCO10/325MG #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 Page(s): 60, 78.

Decision rationale: California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain,

and evidence the patient is being monitored for aberrant drug behavior and side effects. The patient had been noted to be taking opiates since 2012. There was a lack of documentation of the above criteria, with the exception of pain. It was noted the patient's pain had increased. The request, as submitted, failed to indicate the medication that was being requested, only the strength and the number of tablets were provided. There was lack of documentation indicating the patient had objective improvement in function and was being monitored for aberrant drug behavior and side effects. Given the above and the lack of decrease in pain and the lack of documentation indicating the medication being requested, the request for retrospective Norco 10/325 mg #180 is not medically necessary.