

Case Number:	CM13-0055066		
Date Assigned:	12/30/2013	Date of Injury:	08/04/2009
Decision Date:	03/28/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/20/2013

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 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 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 55-year-old male who reported an injury on 08/04/2009 due to cumulative trauma while performing normal job duties. This patient sustained injury to multiple body parts that developed into chronic pain. The patient's evaluation on 10/28/2013 documented that the patient had 9/10 pain that was reduced to 6/10 pain with medications. The patient's medications included Norco 10/325 mg. The patient's most recent clinical examination revealed limited range of motion of the right shoulder secondary to pain, limited range of motion of the cervical spine secondary to pain, a negative Tinel's sign and positive Phalen's test bilaterally to the right wrist and 4/5 motor strength of the right deltoid, limited by pain. The patient's diagnoses included right shoulder pain, impingement syndrome of the right shoulder, neck pain, cervical spondylosis, cervical degenerative disease, bilateral C6 radiculitis, chronic low back pain, lumbar spondylosis and carpal tunnel syndrome. The patient's treatment plan for 10/28/2013 included the 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 #90 dispensed on 10/28/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of a patient's chronic pain be supported by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient receives pain relief from his medication usage, to include Norco 10/325 mg. However, there was no documentation of functional benefit related to medication usage. Additionally, on 10/28/2013, there was no evidence that the patient was monitored for aberrant behavior. Therefore, the retrospective request for Norco 10/325 mg is not medically necessary or appropriate.