

Case Number:	CM13-0062413		
Date Assigned:	12/30/2013	Date of Injury:	03/29/2001
Decision Date:	04/11/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/06/2013

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, 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 52 year old female who reported an injury on 03/29/2001. Review of the medical record reveals the patient's diagnoses are brachial neuritis, non specified; neck pain, ICD 9 code 723.1; cervical osteoarthritis, ICD 9 code 721.0; cervical spinal stenosis, ICD 9 code 723.0; cervical radiculopathy, ICD 9 code 723.4; elbow pain, ICD 9 code 719.42; headache, ICD 9 code 784.0; AC joint pain, ICD 9 code 719.41; and AC joint osteoarthritis, secondary, ICD 9 code 715.12. The most recent clinical note dated 10/17/2013 revealed the patient complained of persistent shoulder pain, which she rated 8/10 in severity. The patient describes the pain as sharp, shooting, and stabbing. She states that her medications are helping with her pain, and she is requesting a refill of her medications. Physical examination reveals spasms noted in the cervical paraspinal and shoulder region musculature. The patient was grossly protective of her right upper extremity, with right shoulder abduction and forward flexion measured at about 130 degrees. Otherwise, no gross change was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #90: Upheld

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

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

Decision rationale: The patient has been taking the requested medication Norco at least since 07/2012. California MTUS states that, when opioids are used for ongoing management of pain, there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects to that medication. There should also be documented pain assessments provided in the medical record as the patient's response to the particular pain medication. There is no documentation provided in the medical record of any ongoing review and documentation of pain relief or functional status with the use of the requested medication. The patient has been taking the requested medication for a significant amount of time, and continues to have persistent complaints of pain. Therefore, the medical necessity for continued use of the medication cannot be determined at this time. As such, the request for 1 Prescription of Norco 10/325mg #90 is non-certified. While the requested medication does not meet medical necessity based on the information presented, it is expected that the ordering provider will follow recommended medication guidelines for safe discontinuation.