

Case Number:	CM13-0064587		
Date Assigned:	01/03/2014	Date of Injury:	04/01/2012
Decision Date:	05/16/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/12/2013

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 Occupational 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 48 year old male patient s/p injury 12/28/65. The patient has previously undergone a left shoulder surgery and left wrist surgery on 11/11/13. The 11/14/13 progress note identified that the patient has a pain level 7 to 8 out of 10. The patient reported that Norco 5 mg does not help. The patient has the left shoulder in a sling. The 12/12/13 progress note indicated that the patient got a lot better relief with Nucynta than with the Norco. He has started some hand therapy. He is unable to sleep on the Norco. There is documentation of a partial certification for Norco to initiate a weaning protocol on 12/5/13. Of note, the patient was authorized for Nucynta 50mg #180 on 1/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Continued Use Of Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken

as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The records indicate that the Norco does not help much and that the patient gets much better pain relief with Nucynta. The patient has been authorized for Nucynta. There is no medical necessity established for Norco for this patient at this time. The request for Norco 10/325 mg, quantity 120 is not medically necessary and appropriate.

URINE DRUG SCREEN QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening Page(s): 43.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. This patient is noted to be under ongoing opioid therapy and a urine drug screen is indicated. The request for a urine drug screen is medically necessary and appropriate.