

Case Number:	CM14-0000099		
Date Assigned:	01/10/2014	Date of Injury:	01/14/2002
Decision Date:	06/16/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/31/2013

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 Internal 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 injured worker is a 63-year-old female who reported an injury on 01/14/2002. Current diagnoses include cervical disc disease, postlaminectomy pain syndrome, and supraspinatus tendinopathy of the right shoulder. The injured worker was evaluated on 12/05/2013. The injured worker reported increasing tremors in the hands and neck with activity limitation. Physical examination revealed limited cervical range of motion with tenderness to palpation. Treatment recommendations included continuation of current medications, including Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has utilized Norco 10/325

since 07/2012. Despite ongoing use of this medication, the injured worker continues to report persistent symptoms. Without evidence of objective functional improvement, ongoing use of this medication cannot be determined as medically appropriate. There is also no frequency listed in the current request. As such, the request is not medically necessary.