

Case Number:	CM14-0009075		
Date Assigned:	01/29/2014	Date of Injury:	05/05/2008
Decision Date:	08/11/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/06/2014

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 Texas. 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 60-year-old male with a reported date of injury on 05/05/2008. The injured worker complained of low back pain, rated at 7/10, shoulder pain rated at 8/10 and hip pain rated at 6/10. According to the clinical note dated 12/12/2013, the injured worker's motor strength was recorded as right hip flexors and abductors at 4/5, and left shoulder range of motion reported as abduction to 100 degrees. The injured worker had a urine drug screen on 12/12/2013 and the results were consistent with the injured work's prescriptions. The injured worker's medication regimen included Atenolol, Chlortrimeton, Cymbalta, MS Contin, Neurontin, Norco, Omeprazole, Nuvigil, and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, ONE (1) EVERY FOUR (4) HOURS, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend that the ongoing management of opioids use should include the ongoing review and documentation of

pain relief, functional status, appropriate medication use and side effects. The satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function or improved quality of life. The clinical information provided for review indicates the injured worker has utilized Norco prior to 10/04/2013. There is a lack of documentation related to the therapeutic benefit related to the long-term utilization of Norco. In addition, there is a lack of documentation addressing the injured worker's pain relief, functional status, appropriate medication use and side effects. Therefore, the request for Norco 10/325, one (1) every four (4) hours, #180 is not medically necessary.