

Case Number:	CM14-0101008		
Date Assigned:	07/30/2014	Date of Injury:	05/18/2005
Decision Date:	10/02/2014	UR Denial Date:	06/05/2010
Priority:	Standard	Application Received:	06/30/2014

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 Nevada. 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 records presented for review indicate that this 38-year-old gentleman was reportedly injured on May 18, 2005. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 24, 2014, indicates that there are ongoing complaints of neck pain radiating to the bilateral upper extremities. The physical examination demonstrated decreased range of motion of the right shoulder with abduction and forward flexion limited to 140. There was tenderness at the anterior portion of the right shoulder and over the acromioclavicular joint. There was a positive Hawkins test, Neer's test, and O'Brien's test, Speed's test, and cross arm test. There was also tenderness at the left elbow lateral epicondyle. Diagnostic imaging studies of the cervical spine reveals evidence of a prior cervical fusion from C4 through C7 and eight possible screw backing out of the plate at C7, x-rays of the right shoulder revealed hypertrophy of the distal clavicle. Previous treatment includes jaw surgery, a cervical spine fusion, and physical therapy. A request had been made for Norco 10/325 and was not certified in the pre-authorization process on June 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.