MAXIMUS Federal Services

Case Number:	CM14-0013924		
Date Assigned:	02/21/2014	Date of Injury:	07/26/2009
Decision Date:	06/26/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/04/2014

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 Illinois. 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 35 year old male with a reported date of injury on 07/06/2009. The injured worker complained of right shoulder pain. According to the clinical note dated 09/19/2013, the injured worker attended one physical therapy visit; the physical therapist determined there was nothing wrong with the injured workers shoulder. The injured worker's right shoulder range of motion demonstrated forward elevation to 160 degrees, abduction 160 degrees, external rotation to 90 degrees and internal rotation to 70 degrees. The motor strength was measured at 5/5. The injured worker received a sub acromial cortisone injection on 09/19/2013. According to the clinical note dated 09/23/2013 the injured worker complained of low back, neck, bilateral shoulder and bilateral elbow pain. The injured worker rated his pain at 4/10 without medication and 1-2/10 with medication. According to the clinical notes dated 09/19/13, 09/23/2013 and 10/03/2013 the injured worker reported he was not taking the Norco and rated his pain at 1-2/10. The clinical note dated 12/03/2013 the injured worker reported he was taking two Norco at times to relieve his pain. According to the clinical note the injured worker received a refill of 60 norco on that date. The clinical note dated 12/27/2013 noted the injured worker requested a refill of the Norco. The injured worker's diagnoses included degeneration of lumbar or lumbosacral intervertebral disc, muscle weakness, neck and shoulder pain and bilateral arm numbness. The injured worker's medication regimen included Viagra, Norco, naproxen, cyclobenzaprine, omeprazole and Ibuprofen. The request for authorization for Norco 10/325mg (60 tabs) was submitted on 01/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG (60 TABS): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS guidelines recommend opioids as an effective method in controlling pain. The on-going management of opioid use should include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, and the average pain intensity. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The injured worker has utilized Norco since 2009, there was a lack of documentation as to any change in condition or functional deficits. According to the clinical notes dated 09/19/13, 09/23/2013 and 10/03/2013 the injured worker reported he was not taking the Norco and rated his pain at 1-2/10 with the use of NSAIDs. The clinical note dated 12/03/2013 the injured worker reported that he was taking two Norco at times to relieve his pain and help him sleep. The injured worker received a refill of 60 norco on that date. The clinical note dated 12/27/2013 the injured worker requested a refill of the Norco. The documentation provided for review lacks objective clinical finding of functional deficits. In addition, there is a lack of documentation related to the decrease in functional deficits and increased quality of life as it relates to the long term utilization of Norco. Therefore, the request for norco 10/325 mg (60 tabs) is not medically necessary.