

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0015277 | | |
| Date Assigned: | 02/28/2014 | Date of Injury: | 04/15/2011 |
| Decision Date: | 07/23/2014 | UR Denial Date: | 01/29/2014 |
| Priority: | Standard | Application Received: | 02/06/2014 |

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 & 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 50-year-old male who reported an injury on 04/15/2011, the mechanism of injury was not provided within the documentation. Within the clinical note dated 01/14/2014, the injured worker complained of left shoulder pain with no improvement since the prior visit. It was noted that the pain shot from the left hand all the way to the center of the back, with ribcage pain on both sides. It was noted that the injured worker was taking 3 to 5 Norco a day, but had to increase the usage with the cold weather and was hoping that the warm weather would be helpful. The injured worker's prescribed medication regimen included Norco, Valium, Elavil, diazepam, ProAir HFA, Metoprolol, amitriptyline, Metoprolol, and Norvasc. An adequate and complete physical examination was not provided. The diagnoses included chest wall contusion; chest pain; traumatic shoulder injury, right side; and shoulder injury, left side. The provider's treatment plan included recommendations for an orthopedic referral for second opinion, internal medicine for cardiology, a refill for Norco to use sparingly as possible, and to consider pain management referral if requiring elevated amounts of Norco, return to clinic in 6 weeks and sooner if needed medication refills. The Request for Authorization for Norco 10/325mg #90 and the provider's rationale for the request were not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Specific Drug List) Page(s): 80,91.

Decision rationale: The request for Norco 10/325mg #90 is not medically necessary. The California MTUS guidelines state that opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. Norco is indicated for moderate to moderately severe pain. The analgesic dosing of Norco is 5/500 mg is 1 or 2 tablets by mouth (PO) every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of hydrocodone (greater than 5 mg /tab) and acetaminophen (greater than 500 mg /tab), the recommended dose is usually one tablet every four to six hours as needed for pain. Within the clinical notes provided for review, there was a lack of evidence of the injured worker's pain level with or without the prescribed pain medication. It was noted in the documentation that the injured worker has been prescribed Norco for an undocumented length of time. There was a lack of documentation indicating side effects related to the medication, or lack thereof. There was a lack of documentation demonstrating significant functional improvement with the medication. Additionally, the requesting provider did not include a urine drug screen within the provided documentation. Therefore, the request for Norco 10/325mg, #90 is not medically necessary.