

Case Number:	CM14-0110117		
Date Assigned:	09/16/2014	Date of Injury:	02/06/2004
Decision Date:	10/22/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/14/2014

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 General Surgery, has a subspecialty in Surgical Critical Care 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 records presented for review indicate that this 42 year-old male was reportedly injured on February 6, 2004. The mechanism of injury is noted as fall from a roof, landing in the right rear portion of his head, neck and right shoulder, sustaining T4 through T6 fractures resulting in paraplegia. We underwent spinal fusion surgery on the February 11, 2004. The most recent progress note, dated June 19, 2014 indicates that there are ongoing complaints of shoulder pain, now worse right greater than left. Treatment included medications such as Norco, and Lodine to decrease pain to 3/10 from 8/10. The request for authorization for treatment from June 19, 2014 indicated refill of Norco 10/325mg #60 x 6 months and Lodine 400mg #30x 6 months were requested for bilateral shoulder pain. Norco was denied and Lodine was approved in utilization review dated July 22, 2014. The current request is for Norco 10/325mg #60 per month for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 per month for 6 months: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 74-96.

Decision rationale: This is a claimant with paraplegia and chronic pain following a fall on 2/6/2004. The claimant has been Norco 10mg/325mg twice daily. This has been prescribed chronically for long time. It appears the claimant has been stabilized on this strength and dosage which is the least to control the claimant pain syndrome. Therefore this request is medically necessary.