MAXIMUS Federal Services

Case Number:	CM14-0117039		
Date Assigned:	08/04/2014	Date of Injury:	07/21/2009
Decision Date:	09/10/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/23/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 claimant has an original date of injury of 7/21/2009 when he was rear-ended while driving a truck for work. He is treated for shoulder, upper and lower back pain with diagnosis including brachial neuritis, shoulder impingement, lumbar radiculopathy, stomach function disorder and anxiety disorder. Treatment included long acting and short acting narcotic pain medication, Tramadol, topical medication including Lidoderm patches and muscle relaxers. The request is for Norco 5/325 #360. The original UR review approved a modified quantity of #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen (Norco) 5/325 #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-89.

Decision rationale: The California MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the

presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does document failure of alternate treatments and does document functional improvement with use of opioid pain medication. Additionally, monitoring for adverse effects is well documented. As the treatment regimen includes long acting Butrans with short acting Norco added for breakthrough pain at a frequency of no more than twice a day, the modified UR approval of #180 for a 90 day period is medically necessary. The original request for #360 pills for a 90 day period is not medically necessary.