

Case Number:	CM14-0138872		
Date Assigned:	09/05/2014	Date of Injury:	03/04/2002
Decision Date:	11/04/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/27/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 52-year-old gentleman was reportedly injured on March 4, 2002. The most recent progress note, dated October 26, 2011, indicates that there were ongoing complaints of bilateral shoulder pain and hand pain. The physical examination demonstrated normal range of motion of the left-hand and normal sensation. Diagnostic imaging studies of the right shoulder indicated full thickness tear of the supraspinatus tendon and tendinosis of the infraspinatus tendon. There was evidence of prior surgery to include a rotator cuff repair, distal clavicle excision, labral debridement, and subacromial decompression. Previous treatment includes two surgeries to the left shoulder, right shoulder surgery, and a left-sided carpal tunnel release, physical therapy, and home exercise. A request had been made for Norco 10/325. And was not certified in the pre-authorization process on August 6, 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, #240: 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 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 that establishes improvement (decrease) and the pain complaints and increased functionality, 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 after a work-related injury, however, there is no objective clinical documentation of improvement in pain or function with the current regimen. As such, this request for Norco is not considered medically necessary.