MAXIMUS Federal Services

| Case Number: | CM14-0027110 | | |
|---|---|---|---|
| Date Assigned: | 06/13/2014 | Date of Injury: | 06/12/1998 |
| Decision Date: | 10/10/2014 | UR Denial Date: | 02/14/2014 |
| Priority: | Standard | Application Received: | 03/03/2014 |

## 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 Nevada. 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 73 year-old male was reportedly injured on June 12, 1998. The most recent progress note, dated February 11, 2014, indicates that there are ongoing complaints of bilateral shoulder pain. The physical examination demonstrated a decrease in shoulder range of motion, tenderness to palpation in the cervical spine, muscle spasm the lower cervical area and Spurling maneuver was negative bilaterally. Motor function was noted as 5/5 and a slightly reduced sensation in the C5 distribution is reported. Diagnostic imaging studies are not part of the narrative presented. Previous treatment includes conservative care multiple medications. A request had been made for Norco and was not certified in the pre-authorization process on February 14, 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #45 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodon./Acetaminophen.

**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 to improve pain levels and increased overall functionality. Also, an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be noted. The claimant has chronic pain after a work-related injury; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. There is no noted efficacy with this medication. As such, this request for Norco is not medically necessary.

**1 Urine Drug Screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-Terminal Pain, Including Prescribing Controlled Substances (May 2009), pages 10,32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids Page(s): 78.

**Decision rationale:** As outlined in the MTUS, drug testing is an option to assess the presence of illegal drugs, illicit use of drugs, escalation, drug diversion or some other parameter. Seeing none, there is no clinical indication for a urine drug screening based on the clinical information presented in the progress notes reviewed. Therefore, this request is not medically necessary.