

Case Number:	CM14-0027261		
Date Assigned:	06/16/2014	Date of Injury:	09/08/2004
Decision Date:	07/16/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/04/2014

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 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 employee is a 58 year old male who had a work related injury on 09/08/04. The injured employee reports the injury is a result of working as a mechanic placing an engine in a vehicle, injuring his left shoulder. Pain rated on the visual analog scale, 8/10. Described as an aching, shooting, stabbing pain with radiation to the left arm and hand. Alleviating factors are heat, medication, and rest. The treatment has been physical therapy, in 2004 he had a left rotator cuff repair, and subsequently developed adhesive capsulitis of the left shoulder. The injured employee has been treated with pain management and is on chronic use of Norco 10/325mg and Methadone 10mg. The injured employee has continued to be seen by pain management physicians, has had urine drug screens done. Records show prior urine drug screens have been inconsistent with positive results for medications no longer prescribed for the injured employee as well as alcohol including the most recent one from 01/16/14. The note dated 12/11/13 had determined that opioid use was no longer warranted and the injured employee was to begin tapering Norco. Prior utilization review on 02/21/2014, had been modified to a certification of Norco 10/325 to # 57. The request is for Norco 10/325mg, quantity 100.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 74-80.

Decision rationale: The request is for Norco 10/325mg, quantity 100, is not medically necessary. The clinical documents submitted for review does not support the request for Norco 10/325mg. Records show prior urine drug screens have been inconsistent with positive results for medications no longer prescribed for the injured employee as well as alcohol including the most recent one from 01/16/14. The submitted urine drug screen indicate non-compliance and as such California Medical Treatment Utilization Schedule would not recommend the continued use of opiate medications as medically necessary.