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| Case Number: | CM14-0032286 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 09/17/2009 |
| Decision Date: | 07/30/2014 | UR Denial Date: | 03/03/2014 |
| Priority: | Standard | Application Received: | 03/13/2014 |

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 Occupational Medicine/Preventive 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 patient is a 53 year-old female with date of injury 09/17/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/21/2014 lists subjective complaints as neck and shoulder pain. Objective findings: No physical examination was documented, but the report noted that the patient described her shoulder pain as 10/10 which was constant, burning and aching. Patient appeared to be in discomfort. Diagnosis: 1. Neck sprain/strain. 2. Myofascial pain. The medical records provided for review document that the patient has been taking Norco for at least several months. Medications: 1. Norco 5/325, #30 SIG: 1 tablet QD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of her

treatment. The request for Norco is not medically necessary.