

Case Number:	CM14-0033418		
Date Assigned:	06/20/2014	Date of Injury:	07/07/2010
Decision Date:	07/23/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/17/2014

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 Orthopaedic Surgery 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 62-year-old male was reportedly injured on 7/7/2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 6/3/2014, indicated that there were ongoing complaints of neck pain, left upper arm pain, and elbow pains. The physical examination demonstrated objective findings of no significant changes. Diagnostic imaging studies electromyogram/nerve conduction study (EMG/NCS) April 2014 referred to left ulnar neuropathy at the elbow. No official report available for review. Previous treatment included left shoulder surgery, medication such as Norco 10/325mg, ibuprofen 800mg, Ambien 10mg, omeprazole 20mg, Senokot, Voltaren and massage therapy. A request had been made for Norco #120 and was not certified in the pre-authorization process on 3/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO #120 (DISPENSED 02/11/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, On-going management, and Long term use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78.

Decision rationale: Norco (Hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. The California Medical Treatment Utilization supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. In this case, the claimant suffered from chronic pain from the 2010 work injury; however, there was no clinical documentation supporting the long-term use of this medication. There was no documentation of any clinical objective improvement in the pain or function with the current regimen. As such, this request for Norco #120 is not medically necessary and appropriate.