

Case Number:	CM14-0036632		
Date Assigned:	06/25/2014	Date of Injury:	08/08/2006
Decision Date:	08/25/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/26/2014

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 injured worker is a 48-year-old male who was reportedly injured on 8/8/2006. The mechanism of injury was not listed in these records reviewed). The most recent progress note dated 3/5/2014, indicated that there were ongoing complaints of chronic neck pain. The physical examination demonstrated cervical spine limited range of motion and positive tenderness to palpation of the paravertebral muscles and trapezius. Tight muscle bands noted on both sides. Right shoulder had positive Hawkin's test, positive Speed's test and positive tenderness in the biceps group. Left shoulder had limited range of motion, positive Hawkin's test, positive Neer's test and positive tenderness in the greater tubercle of the humerus and clavicular origin of the pectoralis muscle. No recent diagnostic studies are available for review. Previous treatment included previous surgeries, physical therapy, and medication. A request was made for Norco 10/325 mg #120 and was not certified in the pre-authorization process on 3/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78 of 127.

Decision rationale: NNorco (Hydrocodone/Acetaminophen) is a short-acting opioid combined with acetaminophen. California Medical Treatment Utilization Schedule 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. The injured employee has chronic neck pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco 10/325mg #120 is not considered medically necessary.