

Case Number:	CM14-0055142		
Date Assigned:	07/09/2014	Date of Injury:	03/11/2008
Decision Date:	09/16/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/24/2014

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:

This patient is a 52 year old female who developed chronic shoulder and cervical pain and a chronic pain syndrome subsequent to a slip and fall injury on 3/11/08. She is s/p left shoulder surgery and has been treated with cervical epidural injections. Her diagnosis includes cervical spondylosis with radiculopathy, s/p left rotator cuff tear with adhesive capsulitis. She is treated for depression with counseling and the use of Prozac, Trazadone and Seroquel. She is also provided Motrin 800mg. BID and Hydrocodone 10/325 #60 per month. There is no documentation of how the medications are utilized, the length of pain relief or the amount of pain relief from the opioid. The new primary treating physician has recommended a trial of Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10-325MG #60 D/S 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78,88,91 of 127.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines support short acting opiates at 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 pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.