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| Case Number: | CM14-0084396 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 02/01/2005 |
| Decision Date: | 08/26/2014 | UR Denial Date: | 05/23/2014 |
| Priority: | Standard | Application Received: | 06/06/2014 |

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 59-year-old female who was reportedly injured on February 5, 2005. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated April 29, 2014, indicated that there were ongoing complaints of right shoulder pain, hip pain, chest pain, bilateral knee pain, and thigh pain. No focused physical examination was performed on this date. The treatment plan included refills of Gabadone, Percura, and Trepadone. Prescriptions of Norco, Prilosec, Lactulose, Lidoderm, Zanaflex, Pamelor, and a Topical Cream were continued. Previous treatment included aquatic therapy, and medical food. A request was made for Norco and was not medically necessary in the pre-authorization process on May 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 Page(s): 74-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 Page(s): 74-78.

Decision rationale: Norco (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 pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.