

Case Number:	CM14-0088870		
Date Assigned:	07/23/2014	Date of Injury:	08/29/2005
Decision Date:	09/08/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/12/2014

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 records, presented for review, indicate that this 52-year-old female was reportedly injured on August 29, 2005. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 23, 2014, indicated that there were ongoing complaints of neck pain and right shoulder pain. Current medications include Lyrica, Norco, Fioricet, Nexium, and Soma. Pain without medications was stated to be 9/10 and with medications is 5/10. No side effects were reported, and medications were stated to help improve the ability to function and participate in activities of daily living. The physical examination demonstrated decreased cervical spine range of motion and tenderness of the paravertebral muscles. There was a positive Spurling's test radiating to the upper extremity. The physical examination the right shoulder noted decreased motion as well as tenderness at the anterior aspect. Decreased sensation was noted at the right upper extremity. Diagnostic imaging studies of the cervical spine indicated degenerative spondylosis of C5-C6 and degenerative disc disease at C6-C7. Previous treatment included a right shoulder total arthroplasty, physical therapy, and home exercise. A request had been made for Norco and was not certified in the pre-authorization process on May 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #210: Overturned

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, 88, 91.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California 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. According to the most recent progress note dated July 23, 2014, the usage of Norco is stated to objectively decrease the injured employee's pain as well as improve the patient's ability to function and participate in activities of daily living. Considering this, the request for Norco is medically necessary.