

Case Number:	CM14-0200407		
Date Assigned:	12/10/2014	Date of Injury:	07/24/2012
Decision Date:	01/29/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of July 24, 2012. A utilization review determination dated November 6, 2014 recommends noncertification of Norco 10 mg #42. Noncertification was recommended due to lack of documentation of "benefit or pain relief" or documentation of urine drug screen results and an opiate agreement. A progress report dated October 29, 2014 includes subjective complaints with boxes checked indicating that the patient's right shoulder is the same and left shoulder is worse. There are items circled indicating ongoing pain, stiffness, and weakness in both shoulders. Physical examination findings have items circle indicating tenderness to palpation, spasm, and either range of motion or sensitivity over both shoulders. Diagnoses include sprain/strain of the elbows, sprain/strain of the arm, and sprain/strain of the shoulder. The treatment plan recommends ibuprofen, Norco, rehab kit, and follow up with another treating physician. A progress report dated September 17, 2014 recommends continuing hydrocodone. A progress report dated August 20, 2014 recommends continuing hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10 MG #42: 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): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), the California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.