MAXIMUS Federal Services

Case Number:	CM15-0033837		
Date Assigned:	02/27/2015	Date of Injury:	09/01/2009
Decision Date:	04/07/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/23/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 64 year old female with an industrial injury dated September 1, 2009. The injured worker diagnoses include left shoulder pain, insomnia and depression secondary to chronic pain issues and status post right humeral fracture. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 1/14/2015, the injured worker reported ongoing left shoulder pain and that she was doing well on the current medication regimen. Objective findings revealed no significant change. The treating physician prescribed a retrospective request for Norco 10/325mg #120 (dispensed 1-14-15). Utilization Review determination on February 3, 2015 denied the retrospective request for Norco 10/325mg #120 (dispensed 1-14-15), citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: Norco 10/325mg #120 (dispensed 1-14-15): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Patients prescribed opioids chronically require ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there is pain relief and improved functionality and/or the injured worker has re-gained employment. In this instance, the injured worker reports pain improvement with the medication from a 9/10 level to a 6/10 level. With the medication she is able to carry out ADL's including cooking, cleaning, and laundry. A urine drug screen was performed 12-17-2014. Utilization review previously denied a Norco refill, in part, because anti-depressants and anti-epileptic drugs had not been tried as adjuncts. However, the medical record reflects that she had been tried on Effexor and gabapentin previously with adverse effects. The medical reflects that side effects have been minimal and manageable. Therefore, Norco 10/325mg #120 (dispensed 1-14-15) was medically necessary.