

Case Number:	CM14-0128039		
Date Assigned:	08/15/2014	Date of Injury:	02/24/2014
Decision Date:	09/11/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/11/2014

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 Family Practice, and is licensed to practice in North Carolina. 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 claimant has a date of injury of 02/24/2012. Current diagnoses include cervical thoracic strain, lumbosacral strain and shoulder pain. He has been treated with arthroscopic shoulder decompression, physical therapy and oral medications including NSAIDS and narcotics. The current request is for Norco 10/325 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-89.

Decision rationale: The MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. Additionally, assessing for any risks of misuse is recommended by using

intermittent urine drug screens. The original utilization review denial cited the MTUS guidelines as the rationale for denial and approved limited refill to allow time for the provider to address these issues. The subsequent information includes a statement that the medication helps the claimant with his ADLs but does not use any validated measure to document this. It does not address any adverse effects. The provider states a urine drug screen was ordered but no results from the drug screen are included for review. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address any adverse effects of the medication. Therefore, this request is not medically necessary.