MAXIMUS Federal Services

Case Number:	CM14-0183886		
Date Assigned:	11/10/2014	Date of Injury:	01/15/2006
Decision Date:	12/15/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/04/2014

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 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 January 15, 2006. A utilization review determination dated October 29, 2014 recommends noncertification of Norco. A progress report dated October 15, 2014 identifies subjective complaints of chronic right shoulder pain. She continues to function well on her pain medication. The note indicates that her pain is reduced from 7/10 to 5/10 with the current medications. She is also able to have improved sleep and take care personal hygiene and light housework and yardwork as a result of the medication. She denies any negative side effects from the medication, has a pain contract on file, has cut back Norco use on her own, and has not requested early refills. Her current medications include Duragesic, Norco, trazodone, Flexeril, bio freeze, and Celexa. Objective findings state "no significant change." The current treatment plan recommends refilling the patient's medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg, Quantity: 60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79 120 of 127.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it 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 indication that the medication is improving the patient's function and pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. It is acknowledged that the patient's physical examination findings are particularly sparse. However, a one-month prescription of Norco should allow the requesting physician time to document physical examination findings supporting the ongoing use of schedule 2 pain medication. In light of the above, the currently requested Norco is medically necessary.