

Case Number:	CM14-0040234		
Date Assigned:	09/03/2014	Date of Injury:	06/05/2003
Decision Date:	10/10/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/07/2014

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 gentleman was reportedly injured on June 5, 2003. The mechanism of injury was noted as touching a live electric wire. The most recent progress note, dated August 12, 2014, indicated that there were ongoing complaints of left shoulder pain, low back pain, and right knee pain. Current medications include Soma, Ambien, Xanax, Percocet, and Lunesta. The physical examination demonstrated tenderness at the anterior aspect of the left shoulder with a positive impingement test. There was slightly reduced left shoulder range of motion. Examination of the right knee indicated medial joint line tenderness and a positive McMurray's test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a right knee steroid injection. A request had been made for Norco 10/325 and was not certified in the pre-authorization process on April 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #140 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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): 74-78, 88, 91 of 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or 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. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.