

Case Number:	CM14-0088689		
Date Assigned:	07/23/2014	Date of Injury:	10/01/2011
Decision Date:	09/29/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/12/2014

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 injured worker is a 27 year-old female who was reportedly injured on October 1, 2011. The mechanism of injury is noted as a fall, catching her weight on the right upper extremity. The most recent progress note, dated May 14, 2014 indicates that there are ongoing complaints of neck and shoulder pain with occipital headaches. The physical examination demonstrated a 258 pound individual with a body mass index of 34.7. Restricted motion of the right shoulder is noted on exam with positive impingement signs and a positive apprehension test. Tenderness to palpation in the posterior cervical spine with reduced right grip strength is noted. Diagnostic imaging has included a cervical spine magnetic resonance image and a shoulder magnetic resonance image. Limited information is provided on prior treatment, but includes pharmacotherapy and activity modifications. A request had been made for Norco 7.5/325#100 with 3 refills and was not certified in the pre-authorization process on June 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #100 x3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Norco; Ongoing Management; Medication Weaning Page(s): Page 78, & 102.

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 of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule guidelines support short-acting opiates at the lowest possible dose to improve pain and function, when the appropriate documentation in the medical record notes objective evidence of pain relief, functional status, appropriate medication use and side effects. The injured worker has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. The documentation provided failed to note the efficacy of the medication used in controlling the patient's pain and objective functional improvements identified with the use of this medication. As such, this request for Norco does not meet the guideline criteria for chronic opioid pain management and is not medically necessary.