

Case Number:	CM14-0156988		
Date Assigned:	09/29/2014	Date of Injury:	08/02/2012
Decision Date:	11/04/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/25/2014

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, Pain Medicine and is licensed to practice in Texas and Ohio. 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 57-year-old male who reported an injury on 08/02/2012. The mechanism of injury was not provided. The injured worker's diagnoses included shoulder pain, thoracic pain, cervical radiculopathy, and right knee and ankle pain. The injured worker's past treatments included medications, physical therapy, and surgery. On the clinical note dated 09/10/2014, the injured worker stated his pain on Percocet was rated 4/10. The injured worker's medical records did not provide objective findings. The injured worker's medications included Percocet 10 mg that was discontinued to start Norco 10/325 mg, due to Percocet not being certified. The request was for Norco 10/325 #180. The rationale for the request was because Percocet was unauthorized; therefore, the requesting physician changed his opioid. The Request for Authorization form was submitted on 09/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; When to continue opioids; Opioids for chronic pain. Decision based on Non-MTUS Citation ODG - TWC Pain Chapter; Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID MANAGEMENT Page(s): 78.

Decision rationale: The injured worker is diagnosed with shoulder pain, thoracic pain, cervical radiculopathy, and right knee and ankle pain. The injured worker's pain on Percocet was rated 4/10. The California MTUS Guidelines recommend an ongoing review of medications, with documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. The medical records indicate that the injured worker was previously on Percocet for pain control, but due to the medication having been non-certified the physician changed the pain control medication to Norco 10/325 mg. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The documentation did not include a recent urine drug screen or documentation of side effects. Additionally, there is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Also, the request does not indicate the frequency of the medication. As such, the request for Norco 10/325mg #180 is not medically necessary.