

Case Number:	CM13-0016296		
Date Assigned:	12/27/2013	Date of Injury:	06/08/2000
Decision Date:	02/20/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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:

Claimant is a 55 year old female with date of injury 6/8/2000. Body parts accepted by the carrier include bilateral wrists, left elbow, and mental/physical. Treatments have included left carpal tunnel release, right carpal tunnel release and left cubital tunnel release. She is permanent and stationary, and is not currently working. Clinical note by treating provider dated 12/10/2013 reports that the claimant is stable on current medication regimen and has not changed essential regimen in greater than six months. Function and activities of daily living improved optimally on current doses of medication. Pain agreement was reviewed with the claimant. The current medications include Norco SA and Lyrica. The claimant was instructed to exercise as tolerated, take medications as directed and perform stretching exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #360: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

Decision rationale: The claimant is currently prescribed a maximum of 60 mg oral morphine equivalents per day. This is less than the Chronic Pain Guidelines recommended ceiling of 120 mg oral morphine equivalents per day. The claimant has also been on stable medication regimen for over 6 months with reported optimized function improvement and pain control. Per the guidelines quoted, the claimant is in a maintenance phase of chronic opioid pain management. Although there are precautions in such management by these guidelines, the provider does have a written pain agreement with the claimant and has given instruction on exercises and stretches to assist in current level of function. The request for Norco 10/325 mg #360 is determined to be medically necessary.