MAXIMUS Federal Services

Case Number:	CM13-0035703		
Date Assigned:	03/19/2014	Date of Injury:	09/19/2006
Decision Date:	04/25/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/17/2013

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 & Rehabilitation and is licensed to practice in Texas. 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 patient is a 34-year-old male who reported an injury on 10/03/2013 from a fall. The 02/18/2014 clinic note reported a complaint of bilateral hand and wrist pain, with paresthesias, and chronic low back, cervical spine, and left knee pain. His low back pain was rated at 7/10 with medication and his neck pain was rated as 6/10 with medication. The note stated he had been in physical therapy which had helped and he would like to continue. On examination, he had spasm, pain, and decreased range of motion of the cervical spine with facet tenderness, radiculopathy bilaterally at C5-6, and pain upon axial compression. His lumbar examination revealed spasm, painful range of motion, limited range of motion, positive Lasegue's bilaterally, positive straight leg raise bilaterally, 4/5motor weakness, and decreased sensation on the left S1 distribution. His left knee exam revealed tenderness to palpation at the joint line with patellofemoral crepitation. His bilateral hand and wrist examination revealed a positive Phalen's and Tinel's, decreased range of motion with pain, and positive Durkin compression. The note stated his TENS unit helped. His treatment plan included continuing Norco, splint for wrist, TENS unit and physical therapy. The 04/02/2013 clinic note reported bilateral hand and wrist pain with paresthesias, chronic low back pain, cervical spine and left knee pain. The physical examination and treatment plan remained unchanged.

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 CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, WHEN TO CONTIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 78.

Decision rationale: California MTUS states ongoing monitoring of pain, patients on opioids must include documentation of pain relief, lack of side effects and misuse, and functional improvements. The documentation submitted indicates the patient's use of a TENS unit and physical therapy provided him relief; however, outcomes for pain relief and functional improvements for those therapies were not provided. Additionally, outcomes for pain relief and functional improvement for the use of Norco, as well as documentation for lack of side effects and misuse were not provided. As such, the documentation does not meet guidelines. Given the above, the request is non-certified.