

Case Number:	CM13-0044059		
Date Assigned:	12/27/2013	Date of Injury:	03/30/2010
Decision Date:	04/25/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/25/2013

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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: Final Determination Letter for IMR Case Number CM13-0044059 3 The patient is a 56-year-old female who reported an injury on 03/30/2010 after a slip and fall off a truck. The patient's diagnoses included bilateral carpal tunnel syndrome, left elbow cubital tunnel syndrome, cervical radiculopathy, and left shoulder impingement. The patient's treatment history included oral medications, physical therapy, trigger point injections, epidural steroid injections, a home exercise program, and psychiatric support. The patient was monitored for aberrant behavior with urine drug screens. The patient's most recent clinical evaluation documented that the patient had chronic pain in multiple body parts. The patient's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 TABLETS OF NORCO 5/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On Going Management Page(s): 78.

Decision rationale: The requested 60 TABLETS OF NORCO 5/325MG are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends continued use of opioid therapy is supported by documentation of functional benefit, a quantitative assessment of pain relief, evidence that the patient is monitored for aberrant behavior, and managed side effects. The clinical documentation submitted for review does provide evidence that the patient is monitored for aberrant behavior with urine drug screens. However, the clinical documentation fails to provide a quantitative assessment of pain relief or functional capabilities resulting from opioid usage. As the patient has been on this medication since at least 12/2012 and there is no documentation of improvement in pain levels or ability to function, continued use would not be supported. As such, the requested 60 TABLETS OF NORCO 5/325MG are not medically necessary or appropriate.

60 TABLETS OF ANAPROX DS (NAPROXEN SODIUM) 550MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Specific Drug List And Adverse Effects Page(s): 70.

Decision rationale: The requested 60 TABLETS OF ANAPROX DS (NAPROXEN SODIUM) 550MG are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends this medication for chronic low back pain and osteoarthritic related pain. The clinical documentation submitted for review does not specifically identify what this medication is being prescribed for. Therefore, the appropriateness cannot be determined. Additionally, the Final Determination Letter for IMR Case Number CM13-0044059 4 request as it is written does not provide a frequency or intended duration of use. Therefore, the safety and efficacy of this medication cannot be determined. As such, the requested 60 TABLETS OF ANAPROX DS (NAPROXEN SODIUM) 550MG are not medically necessary or appropriate.