

Case Number:	CM13-0049005		
Date Assigned:	12/27/2013	Date of Injury:	07/24/2012
Decision Date:	02/27/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/07/2013

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 Orthopedic Surgery 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:

This is a 32-year-old female who was injured on July 24, 2012 working at the [REDACTED]. She has complaints of bilateral shoulder pain, elbow and wrist. A note of [REDACTED] did not delineate an acute musculoskeletal disorder that would indicate the need for narcotic medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine analysis:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Drug Testing.

Decision rationale: A subsequent urinalysis, which is typically seen in a narcotic contract, is not supported from the medical records

Norco 10/325 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain..

Decision rationale: The request for Norco is not supported from the medical records. A note of [REDACTED] did not delineate an acute musculoskeletal disorder that would indicate the need for narcotic medicine. In addition, the date of injury was provided as being 2012 and not clear why a narcotic would be indicated at this time.

Zolpidem 10 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

Decision rationale: The request for a sleep aid is not supported from the limited medical records provided for this review. The date of injury was provided as being 2012 and it is not clear why a sleep aid would be indicated at this time.