

Case Number:	CM13-0059520		
Date Assigned:	12/30/2013	Date of Injury:	11/27/2000
Decision Date:	05/16/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/02/2013

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 Family 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 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 52-year-old female who reported an injury on 11/27/2000. The mechanism of injury was not provided. The injured worker was noted to utilize opiates since 2012. The documentation of 10/31/2013 revealed the injured worker had an appropriate urine drug screen on 10/10/2013. The pain level was 3/10 to 4/10 with medications and without medications 10/10. It was indicated while the injured worker had pain in the neck and bilateral shoulder blades; she was able to increase her activity considerably and was doing well. It was indicated the injured worker took care of her friend's dogs for a week and had been working in a barn with horses. The injured worker was being monitored through urine drug screens. The diagnoses include prescription narcotic dependence, neuropathic pain, and myofascial syndrome. The request was made for MS-Contin, Norco, Lidoderm, metaxalone, Ketoflex, and Cidaflex, a urine drug screen and a return to the clinic in 3 weeks. The injured worker's diagnoses included neck pain and right shoulder sprain/strain status post surgery, cephalgia, and chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain Section, and the Ongoing Management Section Page(s): 60; 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, objective decrease in pain, and evidence the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review met the above criteria. The injured worker has been utilizing the medication for greater than 6 months. The request as submitted failed to indicate the strength and frequency for the medication. Given the above, the request for Norco #200 is not medically necessary.