

Case Number:	CM13-0064395		
Date Assigned:	01/03/2014	Date of Injury:	09/23/2009
Decision Date:	05/16/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/11/2013

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 and 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 injured worker is a 45-year-old female who reported an injury on 09/23/2009. The mechanism of injury was repetitive keyboarding work. The injured worker's previous treatments included Ultram, ibuprofen, Tylenol, injections, and physical therapy. The injured worker was noted to be taking ibuprofen, omeprazole, tramadol, and Tylenol No. 3 as of 08/2013. The documentation of 10/28/2013 revealed the injured worker the injured worker had been taking Motrin 2 tablets a day and tramadol 2 tablets a day. The injured worker reported an improvement in pain from 7/10 to 6/10 on a pain scale after taking Motrin and utilizing BioTherm topical cream. The pain went from a 7/10 to a 5/10 after taking tramadol. The treatment plan included changing the medication Tylenol No. 3 to Norco 10/325 mg due to heartburn.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication For Chronic Pain, Ongoing Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The injured worker had been utilizing medications in the same drug classification for greater than 2 months. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain and was being monitored for aberrant drug behavior and side effects. However, there was lack of documentation of an objective improvement in function. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 #120 is not medically necessary.