

Case Number:	CM13-0068451		
Date Assigned:	06/11/2014	Date of Injury:	04/15/1996
Decision Date:	07/16/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/19/2013

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 Preventive Medicine and Occupational 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 50 year old male injured on 4/15/96. The mechanism of injury is not specified. At the time of the request, she was being treated for chronic neck, shoulder and upper back pain. On 11/1/13, at a visit with a treating physician, pain was rated 6/10 on the visual analog scale with medication and 10/10 on the visual analog scale without medication. She stated that her physical function was worse. Objective findings at that visit included decreased sensation in the median nerve distribution, tenderness of the elbow, pain on full extension of the elbow with full extension and wrist swelling. The patient was prescribed Norco and Tramadol to treat pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/ 325 MG # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines it is suggested that rather than simply focus on pain severity, improvements in a wide range of outcomes should be evaluated, including measures of functioning, appropriate medication use, and side effects.

According to the documentation available for review, the patient reported at her last visit that her physical functioning was worse. Her lower level of pain reported was 6/10 with medication. Given the worsening of functioning, the chronicity of opioid use without long-term benefit, and the risk profile of chronic opioids use, further use of opioids are not medically indicated. The request for Norco 10/325mg # 120 is not medically necessary and appropriate.