

Case Number:	CM13-0068897		
Date Assigned:	01/03/2014	Date of Injury:	07/10/2012
Decision Date:	06/02/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/20/2013

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, has a subspecialty in Sports Medicine 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 44-year-old female who reported an injury on 07/10/2012. The mechanism of injury was a motor vehicle accident. The injured worker was noted to be utilizing opiates since 2012. The documentation of 12/04/2013 revealed the injured worker had pain and was experiencing aching, stiffness, tenderness and throbbing. The injured worker had radicular pain in the right and left arms, weakness in the right and left arms, and stiffness and pain with movement. The injured worker was being monitored for aberrant behavior through the use of urine drug screens. The treatment plan included Norco 10/325 1 tablet every 4 to 6 hours as needed, Butrans patches 5 mcg per hour #4, and a follow up with the PCP. Additionally, the request was made for a consultation for a disc/facet injury. The diagnoses included cervicalgia, shoulder pain, and arm pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 5MCG #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
ONGOING MANAGEMENT Page(s): 60,78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the classification of medication for more than 1 year. There was documentation the injured worker was being monitored through urine drug screens for aberrant drug behavior and was being monitored for side effects. There was a lack of documentation of objective functional improvement and an objective decrease in pain. Given the above, the request for Butrans 5 mcg #4 is not medically necessary.

NORCO 10/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management/Opioid Dosing Page(s): 60,78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the classification of medication for more than 1 year. There was documentation the injured worker was being monitored through urine drug screens for aberrant drug behavior and was being monitored for side effects. There was a lack of documentation of objective functional improvement and an objective decrease in pain. Given the above, the request for Norco 10/325 mg #60 is not medically necessary.