

Case Number:	CM14-0003261		
Date Assigned:	01/31/2014	Date of Injury:	07/14/2010
Decision Date:	06/20/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 33-year-old male who reported injury on 07/14/2010. The mechanism of injury was not provided. The injured worker was noted to have undergone urine drug screens. Medication history included Norco in 2012. The documentation of 11/22/2013 revealed the injured worker needed refills of medications. The PR2 was handwritten and very difficult to read. The diagnosis included chronic cervical pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #180 X2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN; ONGOING MANAGEMENT, 60; 78

Decision rationale: The California MTUS Guidelines recommend opiates are appropriate for the treatment of chronic pain. There should be documentation of objective functional improvement and 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 failed to meet the above criteria. The request as submitted failed to indicate the frequency for the requested medication. It was indicated the injured worker had been utilizing the medication for greater than 1 year. The clinical documentation failed to provide a rationale for 2 refills without re-evaluation. Given the above, the request for Norco 10/325 #180 times 2 is not medically necessary.