

Case Number:	CM14-0006888		
Date Assigned:	02/05/2014	Date of Injury:	08/03/2004
Decision Date:	06/20/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/15/2014

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 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 51-year-old who reported an injury on August 3, 2004, due to an unknown mechanism. The clinical note dated December 9, 2013 presented the injured worker with bilateral upper extremity and hand pain. The injured worker's physical exam revealed bilateral upper extremity tenderness. It was noted that the injured worker was purchasing her own medication to manage her pain. The provider recommended Norco 10/325 mg with a quantity of 168, and ibuprofen 4 times a day with a quantity of 60. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG # 168: 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 , ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pain treatment Page(s): 89.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend providing ongoing education on both the benefit and the limitations of opioid treatment. The guidelines

recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The documentation lacks evidence of this medication providing decreased pain, increased function, or improved quality of life for the injured worker. There was a lack of an adequate and complete pain assessment within the documentation. The request for Norco 10/325 mg, 168 count, is not medically necessary or appropriate.