

Case Number:	CM14-0015343		
Date Assigned:	02/28/2014	Date of Injury:	08/07/2006
Decision Date:	08/07/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	02/06/2014

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 Nevada. 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 records presented for review indicate that this 62-year-old male was reportedly injured on August 7, 2006. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated February 17, 2014, was difficult to read. Another note, dated December 9, 2013, indicated that there were ongoing complaints of bilateral hip pain as well as gastrointestinal problems, reflux, and diarrhea. The physical examination demonstrated slightly decreased cervical spine range of motion and cervical spasms. The physical examination of the lumbar spine noted decreased lumbar spine range of motion and a positive straight leg raise test at 90 degrees bilaterally. There was a request for Norco 10/325mg once daily. Diagnostic nerve conduction studies indicated potential right sided carpal tunnel syndrome and no evidence of a neuropathy. A request had been made for Norco and was not certified in the pre-authorization process on January 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg one by mouth daily as needed, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: For on-going management for opioids use, the CA MTUS recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The four domains have been proposed as most relevant for ongoing monitoring of chronic painpatients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. According to the most recent progress note, dated December 9, 2013, the injured employee had been provided a refill of Norco. This note stated that this medication was prescribed for the injured employee and he would be up to perform his activities of daily living. However, there was no documentation regarding this medication's prior efficacy including objective pain relief, documented improvement of function, potential side effects, or screening for aberrant behavior. Considering this, the request for Norco 10/325mg one by mouth daily as needed, #30 is not medically necessary.