

Case Number:	CM14-0114878		
Date Assigned:	08/06/2014	Date of Injury:	06/09/2008
Decision Date:	09/10/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/22/2014

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 Anesthesiology, has a subspecialty in 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 56-year-old female who reported an injury on 06/09/2008, sustained injuries to the right upper extremity attributed to standing between a truck and dumpster and used right hand to break a fall. The injured worker's treatment history included MRI, medications, acupuncture treatment, cognitive behavioral therapy, X-Rays, EMG, and NCS. The injured worker was evaluated on 05/16/2014 and it was documented the injured worker complained of pain in her wrists and arm. The provider noted the injured worker stated currently her pain level was at 5/10 to 6/10, but on average her pain was about a 7/10. With her medications she can bring her pain down to a 3/10. The injured worker stated there are aberrant behaviors. The injured worker stated with her medications she was able to do light housework for about 40 to 45 minutes, but without medication she was able to do this for a maximum of 10 minutes because of her wrist and arm pain. The injured worker stated the medication usually takes effect within 40 minutes and will last about 3+ hours. Objective findings: The injured worker was alert, oriented times 3, she was independently ambulating in and out of the examination room. The rest of the examination was unchanged. Diagnoses included right carpal tunnel syndrome at the wrist, S/P operative fixation, neck pain, right shoulder pain, subacromial, subdeltoid, bursitis, right wrist pain, lumbar discectomy and spur removal and peripheral neuropathy in both feet (nonindustrial). Medications included Norco, Ibuprofen, Gabapentin, Zanaflex, Triamterene, Effexor, Lidoderm patches and Pennsaid. Request for Authorization dated 05/28/2014 was for Norco 10/325mg; however, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180, dos 06/19/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, On-Going Management, Weaning of Medications Page(s): 91, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The requested is not medically certified. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. There was no outcome measurements indicated for the injured worker such as physical therapy or home exercise regimen for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. The request submitted for review failed to include frequency and duration of medication. In addition, the request does not include the frequency or duration of medication. Given the above, the request for Norco 10/325 mg # 120 (DOS: 06/19/2014) is not medically necessary.