

Case Number:	CM14-0115177		
Date Assigned:	08/04/2014	Date of Injury:	08/17/2011
Decision Date:	10/08/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/21/2014

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 & 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:

This 48 year old patient had a date of injury on 8/1/1988. The mechanism of injury was not noted. In a progress noted dated 5/9/2014, subjective findings included continuing to show improvement of symptoms of bilateral upper extremities with occasional sharp, shooting pain into upper extremities. When this happens she experiences sleep difficulty. On a physical exam dated 5/9/2014, objective findings included hypoesthesia. The majority of the objective findings were illegible. Diagnostic impression shows S/P ACDF C-C7. Treatment to date: medication therapy, behavioral modification. A UR decision dated 6/24/2014 denied the request for Norco 7.5/325 #60, stating that inadequate documentation of pain and functional levels and no specific details of any prior Norco efficacy and improved levels of current pain and functioning and activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 1 PO every 12 hours prn #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a progress report dated 5/9/2014, there was no mention of any functional benefit from the opioid regimen. Furthermore, it was unclear how long this patient has been on Norco, and there was no evidence of CURES monitoring, pain contract, or urine drugs screen. Therefore, the request for Norco 7.5/325 Q12hrs #60 was not medically necessary.