

Case Number:	CM14-0119353		
Date Assigned:	08/06/2014	Date of Injury:	05/19/2010
Decision Date:	09/11/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/29/2014

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 47-year-old male who reported injury on 05/19/2010. The mechanism of injury was not provided. The injured worker's medication history included opiates as of 2011. The documentation of 07/02/2014 revealed the injured worker had pain in the right wrist and right shoulder that was constant and some days better than others. The injured worker was noted to have tried tramadol without improvement. The injured worker had tenderness to the trapezius and rhomboids. The treatment plan included Norco 10/325 mg 1 by mouth 3 times a day with 1 refill. The diagnosis was wrist strain and shoulder strain. The diagnostic studies and surgical history were not provided. The injured worker's medications were noted to include Norco 10/325 mg and Baclofen 10 mg. There was a detailed DWC form RFA submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 x1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78 Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates 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 indicated the injured worker had utilized the medication since at least 2011. There was a lack of documentation indicating the injured worker met the above criteria. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. Given the above, the request for Norco 10/325 mg #60 x1 refill is not medically necessary.