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| Case Number: | CM14-0136116 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 12/04/2000 |
| Decision Date: | 10/23/2014 | UR Denial Date: | 07/23/2014 |
| Priority: | Standard | Application Received: | 08/22/2014 |

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 Internal Medicine, 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 57-year-old female who reported an injury on 12/04/2000, due to being involved in a motor vehicle accident. Diagnoses were full-blown complex regional pain syndrome evolving from myofascial pain, irritable bowel syndrome, permanently disabled. Physical examination dated 07/17/2014 revealed that the injured worker had been off work x1 month. The injured worker had an injection to his elbow, with 50% pain relief. The examination revealed wincing with grasp for range of motion, difficulty raising arms. Deep tendon reflexes were 2 to 3+ with mild swelling. The examination was handwritten, and copy quality was very poor. Pertinent information may have been left out. Medications were Norco. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG, Qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trail of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Page(s): 78.

Decision rationale: The decision for Norco 10/325 mg, quantity 180, is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The 4 A's for ongoing management of an opioid medication were not reported. The physical examination submitted dated 07/17/2014 was handwritten, slightly illegible, and poor copy quality. Pertinent information may have been missed. The request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.

Nucynta 75 MG Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trail of Opioids.

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

Decision rationale: The decision for Nucynta 75 mg quantity 30 is not medically necessary. The California Medical Treatment Utilization Schedule recommends that there should be documentation of the 4 A's for ongoing monitoring, activities of daily living, adverse side effects, and aberrant drug taking behavior. The request does not indicate a frequency for the medication the clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.