

Case Number:	CM14-0152056		
Date Assigned:	09/22/2014	Date of Injury:	08/04/2009
Decision Date:	10/22/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/18/2014

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 Maryland and Alabama. 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:

Patient is a 46-year-old male with date of injury of 8/4/2009. He is status post electrical injury from lightning strike with entrance in the left neck and shoulder, exiting at the right foot, status-post distal radius fracture with subsequent open reduction and internal fixation with persistent pain in the right wrist, knees, erectile dysfunction, depression/anxiety, hypertension, lumbago, chronic ulnar neuritis, and myofascial pain all over. Claimant has been under treatment for chronic knee, lower back, and upper extremity pain. During the 7/8/2014, the claimant reported that he was still having pain in his neck, upper and lower back, right wrist and right knee. He also complained of numbness in both hands. On exam, it was found that patient had reduced cervical and lumbar range of motion, paracervical tenderness on C2, and C7-T1, positive tinels test in bilateral elbows for ulnar nerve entrapment. There is a request for 120 tablets of Norco 10/325 and is being questioned here.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The CA CPMT guidelines state that Norco is recommended for moderate to severe pain. Continuation of opioids is indicated when there is a return to work and patient's pain is better controlled. The medical records provided indicate that the patient has been on chronic opioid therapy for over a year, which is generally unsupported in the absence of clinical evidence of quantified pain or functional improvement as stated above. There should be alternative management, as this is not helping the patient's functionality and/or pain as per the records, not meeting the chronic opioid therapy. This request is not medically necessary as per the guidelines and the available medical records. However, this medication has potential withdrawal side-effects and the provider may use a cautious tapering protocol. Therefore, Norco 10/325mg, QTY: 120 is not medically necessary.