

Case Number:	CM14-0153755		
Date Assigned:	09/23/2014	Date of Injury:	07/26/2011
Decision Date:	10/24/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/19/2014

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 55 year old patient had a date of injury on 7/26/2011. The mechanism of injury was not noted. In a progress noted dated 8/12/2014, the patient complains of left hand/wrist pain, left ankle and low back pain. The quality is tingling, radiating, cramping, with 4-5/10 severity. There are muscle spasms, numbness and tingling, and limited movement. On a physical exam dated 8/12/2014, there is moderate pain in left wrist with numbness in ulnar aspect of the wrist up in to the arm. There is limited range of motion in all planes, and decreased sensation to touch in left calf and strength remains decreased. The diagnostic impression shows chronic pain syndrome, ankle/foot pain, and lumbar pain. Treatment to date: medication therapy, behavioral modification. A UR decision dated 8/19/2014 denied the request for Norco 5/325 #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg 1 tab PO qd #30: Upheld

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

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 the 8/12/2014 progress report, there was no evidence of objective functional improvement noted with the opioid regimen. Furthermore, this patient has been on Norco since at least 1/14/2014, and in the reports viewed, there was no evidence of urine drug screens provided for review. Therefore, the request for Norco 5/325 #30 is not medically necessary.