

Case Number:	CM14-0158891		
Date Assigned:	10/02/2014	Date of Injury:	04/06/2009
Decision Date:	11/03/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/29/2014

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 Anesthesia, has a subspecialty in Acupuncture and Pain 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:

This is a 41year old male injured worker with date of injury 4/6/09 with related low back and leg pain, and carpal tunnel syndrome. Per progress report dated 9/8/14, it was noted that medications decreased his pain level to 3/10 and enabled him to perform his ADLs. He was working part-time and his pain was stable. He was status post bilateral carpal tunnel syndrome surgery. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included medication management and surgery. The date of UR decision was 9/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norco 10/325mg #180 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 778,91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and

psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per Panel Qualified Medical Evaluation dated 7/24/13, it was indicated that the injured worker was being charged by the [REDACTED] with five felony counts related to worker's compensation fraud. Resultant of this evaluation, the examiner believed that the injured worker willingly misrepresented material facts to collect worker's compensation benefits. The examiner concluded that secondary to his lack of credibility, the injured worker should have periodic physician follow-up and treatment with anti-inflammatory medications and non-narcotic pain medications. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. Finally, 3 refills are not appropriate. The request is not medically necessary.