

Case Number:	CM14-0176593		
Date Assigned:	10/30/2014	Date of Injury:	05/07/2012
Decision Date:	12/11/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/25/2014

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 Management and is licensed to practice in Tennessee. 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 49-year-old male with a 5/7/12 date of injury. The mechanism of injury occurred when he was working on some machinery and was cutting a piece of metal that flew off the machine and cut through his left biceps. According to a progress report dated 9/17/14, the patient stated that he continued to have left upper extremity pain constantly. Medications do help, but he stated that he was getting weaker and weaker in the left hand. Objective findings: decreased left hand range of motion, decreased range of motion of left elbow/forearm, sensory decreased to light touch in the lateral calf and lateral foot. Diagnostic impression: status post left side biceps repair, status post repair of left ulnar nerve and left medial nerve, provisional repair of left brachioradialis muscle and left biceps tendon, repair of left lateral cutaneous nerve, left biceps tendon rupture. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 10/14/14 denied the request for Norco. There is no evidence of urinary drug screens to verify usage nor indication of functional benefit from the use of this opiate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
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. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Norco 10/325 mg, sixty count is not medically necessary.