

Case Number:	CM14-0030079		
Date Assigned:	06/20/2014	Date of Injury:	12/09/2011
Decision Date:	07/18/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/10/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 48 year old female with an injury date of 10/09/11. Based on the 01/28/14 progress report provided by [REDACTED] the patient complains of pain in her cervical spine, lumbar spine, right shoulder, right upper extremity, and bilateral foot. The patient's diagnoses include the following: 1. Cervical and lumbar chronic strain. 2. Status post right shoulder rotator cuff repair (03/01/13). 3. Status post right foot crush injury with residual plantar fasciitis pain. 4. Right upper extremity paresthesias, rule out cubital and carpal tunnel syndrome. [REDACTED] is requesting for Norco 10/325 mg #120 1 tab po q6-8h prn pain. The utilization review determination being challenged is dated 02/25/14. [REDACTED] is the requesting provider, and he provided treatment reports from 08/22/13- 01/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 1 tab po q6-8h prn pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 61.

Decision rationale: According to the 01/28/14 report by [REDACTED], the patient presents with pain in her cervical spine, lumbar spine, right shoulder, right upper extremity, and bilateral foot. The request is for Norco 10/325 mg #120 1 tab po q6-8h prn pain. The patient has been taking Norco at least from the earliest report provided on 08/22/13 and it helps decrease her pain from 8/10 to 4/10. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. Although a pain scale was provided, there are no discussions regarding any functional improvement specific to the opiate use, nor do any of the reports discuss any significant change in Activities of Daily Living (ADL). Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. The request is not medically necessary and appropriate.