

Case Number:	CM14-0030617		
Date Assigned:	06/20/2014	Date of Injury:	08/06/2004
Decision Date:	08/19/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/11/2014

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 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 injured worker is a 55-year-old male who reported an injury on 08/06/2004. The mechanism of injury is unknown. The injured worker has a history of left wrist pain. On examination on 01/14/2014, the injured worker continued to have left wrist pain. He had numbness in the hand and some pain. He was exercising regularly. The injured worker stated the Percocet made him itch and he preferred to go back to Norco. He was on Norco last year. He also stated he did not think he needed the Elavil, but it does help him to sleep. The Neurontin was helpful. The injured worker had diagnoses of chronic left wrist pain, neck pain, anxiety and depression deemed industrial. The plan was to try and get him back on Norco and not put him back on Elavil and will followup in 3 months. Request for authorization is dated 01/31/2014. The rationale is the Percocet made the injured worker itch. The request is for retrospective Norco 5/325 #180 (01/14/2014 to 01/14/2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 5/325mg #180 1/14/2014 to 1/14/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78.

Decision rationale: The request for retrospective Norco 5/325 mg #180 (dos: 01/14/2014 to 01/14/2014) is not medically necessary. The injured worker has a history of right wrist pain. The California MTUS Guidelines state that Norco is indicated for moderate to mildly severe pain. It is also recommended for short-term use at the lowest recommended dosage. When long-term use of an opioid is prescribed, ongoing review and documentation is required. This includes medication pain relief, functional status, appropriate medication use, and assessment for side effects. The documentation also needs to show an increased level of function or improved quality of life. The injured worker had received Norco previously with limited improvement in pain. The provider prescribed a trial of Percocet. The injured worker requested to return to Norco due to side effects of Percocet. There are no documented functional improvements with consistent long-term use of the Norco. There is lack of baseline assessment needed to qualify any improvements with the pain and functions associated with the medication use. In addition, the frequency of the requested medication was not provided. As such, the request for retrospective Norco 5/325 #180 (dos: 01/14/2014 to 01/14/2014) is not medically necessary.