

Case Number:	CM14-0036899		
Date Assigned:	06/25/2014	Date of Injury:	10/16/2011
Decision Date:	07/23/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/26/2014

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 Texas. 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 72 year old male who reported an injury on 10/16/2011 due to slipping on a wet floor. The injured worker complained of depression, memory loss, stress and anxiety. The injured worker also complained of left wrist pain and stated he does not want to proceed with any surgery. Physical examination on 02/15/2014 revealed positive for back pain, left wrist decreased range of motion, flexion was to 45 degrees, extension was to 45 degrees, radial deviation to 20 degrees, ulnar deviation was to 20 degrees. Grip strength on left hand was 4/5, sensation was decreased to 4/5 at the medial and ulnar aspects. Diagnostic studies were not submitted, physical therapy reports were not submitted. Medications listed were Norco. Diagnoses were cervical spine sprain/strain, cervical spondylosis from C3 to C7 resulting in multilevel intervertebral foraminal encroachment, which is most advanced at C6-C7 per MRI scan, lumbar spine sprain/strain, lumbar disc extrusion at L4-L5, spine stenosis at L3-L4 secondary to disc bulge and facet arthropathy, as well as disc bulge and facet arthropathy at C6-C7 per MRI, status post left wrist fracture with subsequent tendon rupture and reconstruction with nonunion of the ulna. The rationale was that the injured worker was to continue with Norco to maintain the painful symptoms. The request for authorization was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone 10/325mg) #90: 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 MTUS Chronic Pain Guidelines states that long-term opioid use should include an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how it takes for pain relief, and how long pain relief lasts. The MTUS Guidelines also advise to consider a psych consult if there is evidence of depression, anxiety or irritability, which the injured worker mentioned on a visit dated 02/15/2014. The medical records provided for review lacks information regarding nonopioid medications, NSAIDs, antidepressants or anticonvulsants tried and failed. Also the frequency for taking Norco was not submitted with the request. Therefore, the request is not medically necessary and appropriate.