

Case Number:	CM14-0041708		
Date Assigned:	06/30/2014	Date of Injury:	09/30/2008
Decision Date:	08/26/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/07/2014

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 & 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 46-year-old female who reported an injury on 09/24/1998 secondary to an unspecified mechanism of injury. Her diagnoses include bilateral carpal tunnel syndrome, lumbosacral strain/sprain, and cervical sprain/strain. Previous treatments for this injury were noted to include acupuncture and physical therapy as well as medications. Her current medications were noted to include Norco, Prilosec, and Narcosoft. A urine drug screen performed on 03/06/2014 was noted to be positive for Hydrocodone which was consistent with the injured worker's prescription for Norco. The injured worker was evaluated on 04/15/2014 and reported 8/10 pain in the cervical spine and lumbar spine. It was noted that she was pending epidural steroid injections and that chiropractic therapy would be requested. It was also noted that the injured worker reported numbness, tingling, and weakness as well as atrophy of the left upper extremity muscles. The injured worker was recommended for continued medication use to include Norco and Narcosoft with 1 refill. A request for authorization was submitted on 04/16/2014 for Norco 7.5/325 mg #60 with 1 refill and Narcosoft #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #60 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects in order to warrant ongoing medication use. There is a lack of documented evidence to indicate quantifiable pain relief and objective functional improvement with the injured worker's use of Norco. Therefore, it cannot be determined that the injured worker would benefit significantly from ongoing use of this medication. Furthermore, the request as written includes 1 refill, which does not allow for timely reassessment of medication efficacy. As such, the request for Norco 7.5/325mg #60 with one refill is not medically necessary and appropriate.

Norsoft #60 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: The California MTUS Guidelines recommend prophylactic treatment of constipation with concurrent opioid use. However, as the concurrent request for ongoing use of Norco is non-certified, the medical necessity of ongoing use of Narcosoft has not been established at this time. Additionally, the request as written is for Norsoft. Furthermore, the request as written includes 1 refill which does not allow for timely reassessment of medication efficacy. As such, the request Norsoft #60 with one refill is not medically necessary and appropriate.