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| Case Number: | CM14-0055194 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 04/07/1995 |
| Decision Date: | 08/26/2014 | UR Denial Date: | 04/12/2014 |
| Priority: | Standard | Application Received: | 04/24/2014 |

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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 female who reported an injury on 4/7/95; the mechanism of injury was not disclosed for review. On 3/19/14, the injured worker presented with pain in the arms. Current medications included Vicodin, Motrin, Zoloft, Prilosec, Lyrica, Zyrtec, and Lactulose. Upon examination the injured worker had a weak grip and decreased range of motion of the thumb, and she was wearing a brace. The diagnoses were status post crush injury of both wrists and history of seven surgeries on the left and six surgeries on the right, reactive depression due to chronic pain, left hip pain due to iliac crest bone graft, status post right knee surgery and nonindustrial hypothyroidism and hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, 1/2 to 1 whole tab every 4 hours as needed for pain, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco); On-Going Management.

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

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review in documentation of pain relief, functional status, appropriate medication use and side effects should be evident. After initiation of treatment there should be documentation of objective pain relief and improvement in function as well as documentation of side effects incurred with use. There is lack of evidence on the objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. As such, the request is not medically necessary.