

Case Number:	CM14-0073186		
Date Assigned:	07/16/2014	Date of Injury:	11/06/2010
Decision Date:	09/24/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/20/2014

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 Family Medicine and is licensed to practice in Texas, and Mississippi. 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 43-year-old male who reported an injury on 11/06/2010. The mechanism of injury was not provided for clinical review. The diagnoses included long term use of medications, chronic pain, pain in joint shoulder region, cervicalgia, displacement of cervical intervertebral disc without myelopathy. The previous treatments included medication, acupuncture and cortisone injection. Within the clinical note dated 04/14/2014, it was reported the injured worker complained of neck pain on the left side, neck/trapezius area with throbbing, tingling and numbness. He rated his pain 4/10 to 8/10 in severity. The injured worker complained of shoulder pain. The injured worker complained of arm pain. He described the pain as stabbing, gnawing pain and numbness down the lateral 2 fingers. Upon the physical examination, the provider noted the injured worker had tenderness to palpation of the biceps tendon. The injured worker's deep tendon reflexes were 2+ and absent on the triceps. The injured worker had a positive Tinel's at the ulnar tunnel on the left. The provider requested Norco. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management 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. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The provider failed to document an adequate and complete pain assessment within the documentation. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.