

Case Number:	CM14-0121405		
Date Assigned:	08/06/2014	Date of Injury:	12/07/1998
Decision Date:	04/09/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 54-year-old male, who sustained an industrial injury on 12/7/98. He has reported shoulder injury. The diagnoses have included unspecified disorder of muscle ligament, pain in forearm joint, neuralgia, neuritis and radiculitis and reflex sympathetic dystrophy. Treatment to date has included oral medications and home exercise program. Currently, the injured worker complains of pain in shoulder down to lefty hand, firm bump on left hand and difficulty sleeping more than 4 hours. The injured worker states with Duragesic and Norco he is able to tolerate the pain and complete some activities of daily living and walk about a mile on progress note dated 3/13/14. On 7/31/14, Utilization Review submitted a modified prescription for Norco 10/325mg #120 modified to Norco 10/325mg #90, noting the combination with other opioid medications is over the recommended dosage, the modified prescription is allowed to begin the weaning process. The MTUS, ACOEM Guidelines, was cited. On 8/1/14, the injured worker submitted an application for IMR for review of Norco 10/325mg #120 modified to Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are unspecified D/O muscle ligament and fascia; pain in joint, forearm; and unspecified neuralgia, neuritis and radiculitis. The date of injury was December 7, 1998 and the medical record contains 29 pages. The oldest progress note in the medical record is dated January 10, 2013. Medications include Duragesic, Norco and Restoril. The request for authorization was dated July 16, 2014. The closest progress note to that date is stated March 13, 2014 (four months prior to the RFA). There is no documentation of objective functional improvement with ongoing Norco. The utilization review indicates Duragesic was requested and approved and Norco was modified from #120 to #90. Consequently, absent clinical documentation with objective functional improvement with detailed pain assessments and risk assessments (for ongoing opiate use), Norco 10/325 mg #120 is not medically necessary.