

Case Number:	CM14-0187259		
Date Assigned:	11/17/2014	Date of Injury:	04/05/2009
Decision Date:	01/06/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/10/2014

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 Florida. 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 patient is an adult male with a date of injury of 4/5/2009. The mechanism of injury described is pulling a container of grease weighing about 200-250lbs. He sustained injuries to his back, shoulders, and neck. The patient's diagnoses include carpal tunnel syndrome, brachial radialis, and lateral epicondylitis. He also carries such diagnoses as morbid obesity, Type II Diabetes, Hypertension, and Insomnia. Treatment has included medications such as muscle relaxants and narcotics. He has also undergone physical therapy and chiropractic therapy. He attempted and failed a weight loss program. On a March 3rd 2014 qualified medical examination it was noted that as of 12/2011 he was declared off work and permanent and stationary. A utilization review physician did not certify continuation of this patient's chronic narcotic medication. He noted that no functional benefit from this chronic narcotic medication has been documented. In particular, he noted that no functional benefit has been documented that cannot be achieved with nonnarcotic medications. He also noted that the patient has an injury that is 5 years old and that there is no diagnosis mentioned for which chronic opioids would be anticipated to be needed. An Independent medical review regarding the medical necessity of the medication Norco has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #60, two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) if the patient has returned to work, (b) if the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. In this patient's case, it is not apparent from the documentation what functional improvement has come from being on this chronic narcotic. He also does not appear to be employed. There is also no mention in the provided documentation of a pain management contract being upheld or of urine drug screens being performed. Therefore, this request for Norco is not considered medically necessary.

Capsaicin 0.25% with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Page(s): 28.

Decision rationale: According to California MTUS guidelines, Capsaicin 0.25% is recommended "only as an option in patients who have not responded or are intolerant to other treatments." The medical records provided do not document intolerance to other potential treatments. Likewise, Capsaicin is not considered medically necessary.