

Case Number:	CM14-0190220		
Date Assigned:	11/21/2014	Date of Injury:	12/08/1998
Decision Date:	03/18/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/13/2014

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old female, who sustained a work related injury on 7/8/98. The diagnoses have included cervical degenerative disc disease, myofascial pain syndrome, left ulnar neuropathy, depression and bilateral occipital neuralgia. Treatment to date has included oral medications, use of Voltaren gel, Lidoderm patches, an IM injection of Toradol, and psychiatric treatment. In the PR-2 dated 10/16/14, the injured worker complains of chronic neck and right arm pain. She complains of numbness to right elbow and bilateral fingers. She complains of pain in both wrists. She complains of right forehead headaches. She complains of increased radicular pain. She rates the pain 7-8/10 on medications. She rates the pain a 10/10 off medications. On 12/26/14, Utilization Review non-certified a prescription request for Norco 10/325mg. 1 tab q6 prn breakthrough pain (Max 3/day) #90, due to medical necessity. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325MG 1 TAB PO Q6 PRN BREAKTHROUGH PAIN (MAX 3/DAY) #90:

Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 75-91.

Decision rationale: The patient presents with chronic neck and right arm pain which causes numbness to the right elbow and bilateral fingers. The current request is for NORCO 5/325MG 1 TAB PO Q6 PRN BREAKTHROUGH PAIN (MAX 3/DAY) #90. The treating physician states, The medications help bring her pain down from a 10/10 to a 7-8/10 which is tolerable. With medications, she is able to perform activities of daily living including housework, spending time with her family, and taking care of her pets. (30C) The treating physician also documented that that patient is not allergic to any medications and aberrant behavior was not documented in the Review of Symptoms. The MTUS guidelines state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's, as well as "pain assessment." In this case, the treating physician has documented all 4As as required by the guidelines and continues to evaluate the patient for medication management. The current request is medically necessary and the recommendation is for authorization.