

Case Number:	CM15-0000050		
Date Assigned:	01/09/2015	Date of Injury:	04/19/2004
Decision Date:	03/05/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/31/2014

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 female, who sustained an industrial injury on 4/19/2004. She has reported pain in the right wrist and elbow. The diagnoses include wrist strain/sprain, Chronic Regional Pain Syndrome. Treatment to date has included medications and surgery. Currently, the injured worker complains of pain level of 7/10 in the right elbow and wrist with functional improvement in her ability to work, sleep and light household duties. The treating provider stated that the injured worker had reduced the opioid dose over time and also reported that the pain had recently increased by 15%. On 12/5/2014 Utilization Review modified the request for Norco 10/325 #150 to a 1 month's supply, noting the MTUS Chronic Pain Guidelines, Opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10 MG-325 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Discussion; Opioids Page(s): 8; 81.

Decision rationale: The injured worker sustained a work related injury on 4/19/2004. The medical records provided indicate the diagnosis of wrist strain/sprain, Chronic Regional Pain Syndrome. Treatment to date has included medications and surgery. The medical records provided for review do not indicate a medical necessity for Norco 10 MG-325 MG. The available records indicate she has been on this medication since 07/2014. Over this period, her pain level has averaged 5/10, and she has remained on work restriction, though she is reported to be improved with activities of daily living. The MTUS recognizes satisfactory response to treatment with controlled substance to be indicated by the patient's decreased pain, increased level of function, or improved or improved. Also, the MTUS does not recommend the long term use of opioids because most randomized controlled trials for the treatment of chronic pain have been limited to a short-term period (70 days). Therefore, the requested treatment is not medically necessary and appropriate.