

Case Number:	CM15-0101030		
Date Assigned:	06/03/2015	Date of Injury:	04/21/2006
Decision Date:	07/07/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/26/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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 62-year-old male, who sustained an industrial injury on 4/21/06. He reported pain in his neck and right wrist. The injured worker was diagnosed as having cervical disc injury, cervical sprain, right wrist tendonitis, right lateral epicondylitis and carpal tunnel syndrome. Treatment to date has included electro-acupuncture with was very beneficial, Gralise which did not help and a TENs unit. Current medications include MS Contin, Ativan, Lyrica and Norco (since at least 6/29/12). As of the PR2 dated 8/21/14, the injured worker reports pain in his neck, right wrist and hand. Objective findings include mild tenderness to the cervical paraspinals and tenderness to palpation of the right wrist. There are no more recent progress notes in the case file for review. The treating physician requested Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4 A's Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 79.

Decision rationale: MTUS 2009 states that opioids should be discontinued if there is no functional improvement attributable to their use. Individuals prescribed opioids can be dependent on the medications, which MTUS 2009 does not support. The patient is likely dependent on opioids based upon the long-term use. The patient is prescribed additional acupuncture, which indicates that the opioids are not effective in reducing and controlling pain. This request for Norco is not medically necessary.