

Case Number:	CM15-0033746		
Date Assigned:	02/27/2015	Date of Injury:	02/26/2013
Decision Date:	04/06/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/23/2015

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: 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 47 year old, female patient, who sustained an industrial injury on 02/26/2013. A QME report dated 12/18/2014 reported subjective complaints of left arm and hand going numb. She indicates the whole extremity going numb and tingling. She gestures with full range of motion of the upper left extremity. The pain radiates from the left ring and index finger to the shoulder and neck. The patient has been off work on temporary disability for approximately 9 months recuperating from left carpal tunnel release surgery on 10/31/2014. Current medications are; Thyroid replacement, Metformin, Plavix, Gabapentin and Hydrocodone. She is deemed permanent and stationary. A request was made for the medication Norco 10/325MG # 60. On 01/16/2015, Utilization Review, non-certified the request, noting the CA MTUS, Opioids, was cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 02/26/2013. Treatments have included Gabapentin and Hydrocodone. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #60. The MTUS recommends individuals on maintenance treatment with opioids to be monitored for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Also, the MTUS recommends discontinuation of opioids if there is no overall improvement in function, unless there are extenuating circumstances; continuing pain with the evidence of intolerable adverse effects; decrease in functioning; resolution of pain; if serious non-adherence is occurring. The medical records do not indicate that the injured worker is being monitored for pain control, adverse effects of medications, activities of daily living, aberrant behavior. Therefore, this request is not medically necessary.