

Case Number:	CM14-0112677		
Date Assigned:	09/16/2014	Date of Injury:	07/15/2007
Decision Date:	10/22/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/18/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 injured worker is a 53-year-old male who reported an injury on 07/15/2007. The mechanism of injury was not provided in the medical records. He is diagnosed with chronic pain syndrome. His past treatments have included medications, acupuncture, chiropractic treatment, and use of a transcutaneous electrical nerve stimulation (TENS) unit. On 06/26/2014, the injured worker presented with complaints of slight neck pain. The documentation indicates that he had recently had remarkable improvement in his pain and function with chiropractic care. It was noted that he had stopped use of all of his medications due to these improvements with chiropractic manipulation, stretching exercises, and other focused exercises to improve his range of motion and decrease his pain. He rated his pain 2/10 without medications. The documentation also indicated that he had no adverse effects or aberrant behaviors. His medications were noted to include hydrocodone/acetaminophen and the lidocaine patches. The treatment plan indicated that he did not require any medications. A request was received for Norco 10, quantity 240. However, a rationale for this request was not provided, and the Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10 Quantity 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing use of opioid medications requires detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The clinical information submitted for review indicated that the injured worker denied medication use at his 06/26/2014 visit as he had made significant improvement with his recent chiropractic treatment and had only slight pain without medications. The rationale for the requested Norco was not provided. Therefore, as the documentation indicated that he was able to stop use of his medications, continued use is not supported. Additionally, the request failed to clearly include a dose and frequency. For the reasons noted above, the request is not medically necessary.