

Case Number:	CM14-0145499		
Date Assigned:	09/12/2014	Date of Injury:	05/23/2014
Decision Date:	10/16/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/08/2014

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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 38-year-old male who reported an injury on 05/23/2014. The mechanism of injury was from a slip and fall. The injured worker's diagnoses included left elbow sprain with cubital tunnel syndrome, left wrist sprain, and left knee contusion/sprain/patellofemoral arthralgia. The injured worker's past treatments included medications and chiropractic therapy. The injured worker's diagnostic testing included an official ultrasound to the bilateral knees and elbows on 08/28/2014. On the clinical note dated 08/22/2014, the injured worker complained of left elbow, left wrist, and left knee pain. The injured worker rated his pain at 6/10 to 7/10. The injured worker had completed 6 sessions of chiropractic therapy. On the therapy note dated 08/22/2014, the injured worker had positive Tinel's signs to both elbows, flexion of the left knee at 140 degrees, positive crepitus, and negative McMurray's sign. On the clinical note dated 08/11/2014, the injured worker's medications included Anaprox DS 550 mg 2 times a day for inflammation and Norco 5/325 mg 2 times a day for pain. The request was for Norco 5/325 mg #60. The rationale for the request was for pain. The Request for Authorization 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 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management Page(s): 78.

Decision rationale: The request for Norco 5/325 mg #60 is not medically necessary. The injured worker was diagnosed with left elbow sprain with cubital tunnel syndrome, left wrist sprain, and left knee contusion/sprain/patellofemoral arthralgia. The injured worker complained of pain at 6/10 to 7/10. The California MTUS Guidelines recommend an ongoing review of medications with documentation of pain relief, functional status, appropriate medication use, and side effects. Additionally, the guidelines recommend that opioids for chronic back pain be limited for short term pain relief not greater than 16 weeks. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There was a lack of documentation that indicated the injured worker has improved functional deficits with the medication regimen. Additionally, the request does not indicate the frequency of the medication. As such, the request for Norco 5/325 mg #60 is not medically necessary.