

Case Number:	CM14-0150278		
Date Assigned:	09/18/2014	Date of Injury:	02/09/2014
Decision Date:	10/17/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/15/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This patient is a 67-year-old male who has submitted a claim for cervical musculoligamentous sprain/strain with bilateral upper extremity radiculitis, lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis, bilateral shoulder sprain/strain, bilateral elbow sprain/strain, bilateral wrist sprain/strain, rule out carpal tunnel syndrome, and bilateral ankle sprain/strain associated with an industrial injury date of 2/9/2014. Medical records from 2014 were reviewed. The patient complained of low back pain, neck pain, bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain, and bilateral ankle pain. Physical examination of both shoulders showed tenderness and restricted motion. Examination of both elbows showed tenderness and negative Cozen's test. Examination of both wrists showed tenderness, positive Tinel's sign, negative Phalen's sign, and negative Finkelstein's test. Examination of cervical spine showed decreased lordotic curvature, tenderness, muscle guarding, and restricted motion. Examination of the lumbar spine showed tenderness, muscle spasm, positive straight leg raise test bilaterally, and restricted motion. Motor strength was intact. Reflexes were graded 1+ bilaterally. Sensation was diminished in a patchy distribution. Gait was normal. Treatment to date has included medications such as naproxen, Norco, and Robaxin (since July 2014). Utilization review from 9/9/2014 denied the request for Norco 5mg QTY: 60 because of no documentation concerning prior history of opioid treatment. There was likewise no monitoring for possible opioid abuse or misuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5mg QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26, OPIOIDS Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since July 2014. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Urine drug screen is likewise not available for review. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 5mg QTY: 60 is not medically necessary.