

Case Number:	CM14-0162269		
Date Assigned:	10/07/2014	Date of Injury:	10/22/2012
Decision Date:	10/30/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/02/2014

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:

There were 131 pages provided for this review. There was a September 22, 2014 non certification. Per the records provided, the claimant is a 40-year-old man who was injured back in 2012. The patient was partially certified for Norco for weaning purposes. There was a PR-2 from August 25, 2014 requesting a refill of the Norco. The patient was diagnosed with a wrist sprain and radial styloid tenosynovitis. This is an appeal review of the medical necessity of oral Norco. There is no rationale provided why the patient needs to have an increase in strength of the medicine as well as to increase the numbers to 120. There was no documentation that the patient had objective functional improvement and no documentation that weaning has commenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: In regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are

they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. Also, there was a prior certification to initiate weaning. The request for long-term opiate usage is not medically necessary per MTUS guideline review.