

Case Number:	CM14-0163762		
Date Assigned:	10/08/2014	Date of Injury:	09/15/2012
Decision Date:	11/03/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/06/2014

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 General Surgery and is licensed to practice in 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

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 35 year old female with a cumulative trauma type of injury with unclear onset, possibly 2008 or 2009. She complains of neck pain, headaches, bilateral shoulder pain, and pain in the forearms, elbows, wrists, low back and feet. Her physical exam reveals tenderness to palpation of the paraspinal muscles of the cervical spine and lumbar spine, the sacroiliac joints, diffusely to the wrists, forearms, and elbows, and to the plantar arches. The straight leg raise test is positive on the right with numbness and tingling to the right L5 and S1 distributions. The diagnoses are cervical and lumbar sprain/strain, bilateral knee patella femoral arthralgia, bilateral elbow, forearm, wrist, and hand flexor and extensor tenosynovitis, plantar fasciitis, anxiety, depression, and posttraumatic stress disorder. She had been maintained on Ultram 200 mg a day and Anaprox for pain until 7-1-2014 when the back pain was said to be increased. The Ultram was discontinued and Norco 2.5/325 mg, one every 6 hours, was started. On 8-12-2014 it was documented that her pain was much improved as was her functionality. She was released back to work on this date to light duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tablets 2.5mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The referenced guidelines state that for those requiring chronic opioid treatment that there be ongoing assessment of analgesia, functionality, adverse medication effects, and any aberrant drug taking behavior. It is said that opioids may be continued if there is improvement in pain or functionality or if the patient has returned to work. In this instance, there has been improvement in pain and functionality and the injured worker has been released back to work. Urine drug screening does not seem to have occurred but Norco prescription is relatively recent. The stated goals from the progress notes were to improve functionality and to make use of the lowest doses of medications possible. It appears that treatment so far has complied with the spirit of the guidelines and therefore Norco tablets 2.5mg #120 is medically necessary.