

Case Number:	CM14-0094086		
Date Assigned:	07/25/2014	Date of Injury:	01/15/2014
Decision Date:	10/06/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/20/2014

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 Anesthesiology and is licensed to practice in Pain Management. 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 patient is a 65-year-old female who has submitted a claim for joint pain in forearm associated with an industrial injury date of 01/15/2014. Medical records from 2014 were reviewed. The patient complained of pain in the left wrist. Physical examination revealed mild swelling and a 2x2 ulnar mass on the left wrist. Grip strength is slightly decreased at 4+ out of 5. Treatment to date has included oral medications. Utilization review from 06/10/2014 modified the request for Norco 10/325mg #90 to #30 to initiate a weaning process. She reports some moderate pain relief however it has not been documented if the medications improve her quality of life or functioning. Her pain and disability still appear significant, in spite of continuing opioid use. The guidelines state that long term usage of opioids is associated with substance abuse and side effects. Patient has been prescribed with Norco since 03/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, TID #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the records noted that the patient has been on Norco since at least March 2014. The medical records submitted showed the patient had some moderate pain relief, but improvement in his quality of life or functioning was not documented. The medical records likewise did not clearly reflect a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325mg, TID #90 is not medically necessary.