

Case Number:	CM14-0036738		
Date Assigned:	06/25/2014	Date of Injury:	05/09/2002
Decision Date:	07/29/2015	UR Denial Date:	03/01/2014
Priority:	Standard	Application Received:	03/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 59 year-old male who was injured on 5/9/02. He complained of left upper gluteal pain, groin pain, left knee pain. Left lower back pain and gluteal pain occurs 4-5 days per week. On exam, he ambulates slowly and has to ice his genitals due to pain. He was diagnosed with reflex sympathetic dystrophy and myalgia/myositis. His medications included Norco, Lyrica, Arthrotec, Zanaflex, Cymbalta, and Miralax. Chiropractic sessions were recommended. Arthrotec help his right testicular pain. He had a spinal cord stimulator placed which helped his pain. This limited chart does not contain mechanism of injury, surgical history, urine drug screens, pain contract, or recent progress notes past 2/2014. The current request is for Norco was denied by utilization review on 3/1/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 325/10mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of the improvement in pain. There is no documentation of what his pain was like previously and how much Norco decreased his pain. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. It is unclear if the patient had other conservative measures such as acupuncture or chiropractic sessions and if there was improvement from these modalities. Because of these reasons, the request for Norco is not medically necessary.