

Case Number:	CM15-0013018		
Date Assigned:	01/30/2015	Date of Injury:	09/26/2008
Decision Date:	03/27/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/22/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old female who reported an injury on 09/26/2008 after a backwards fall on a wet floor. The injured worker reportedly sustained an injury to multiple body parts. The injured worker's treatment history included physical therapy, medications, psychiatric support and surgical intervention. The injured worker was evaluated on 12/19/2014. It was documented that the injured worker had 9/10 to 10/10 pain without medications that reduced to 5/10 to 6/10 with medications. It was noted that the injured worker was able to participate in family activities, social activities and recreational activities with the use of medications. The injured worker's medications included Norco 10/325 mg, Naprosyn 550 mg, Lyrica 50 mg, Biofreeze gel and Provigil, Lexapro and Abilify. Objective findings at that appointment included tenderness at the MPC joint of the right thumb with decreased range of motion of the thumbs in opposition. The injured worker also had a limited wrist flexion and extension bilaterally. The clinical documentation did indicate that the injured worker was monitored for aberrant behavior with urine drug screens. The injured worker's treatment plan included a refill of medications. The clinical documentation indicates that the requests received an adverse determination. A letter of appeal dated 01/16/2015 indicated that the injured worker had 9/10 to 10/10 pain without medications reduced to a 5/10 to 6/10 pain with the use of Norco. It was documented that the injured worker was able to walk and stand for longer periods of time as well as carry out activities of daily living secondary to use of Norco. It was documented that the injured worker had no evidence of aberrant behavior and had a signed pain agreement. It was

noted that the injured worker's CURES reporting was consistent and that the injured worker's random urine drug screens were consistent. An appeal request was made for Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

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

Decision rationale: The requested Norco 10/325 mg quantity 150 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of chronic pain be supported by documented functional benefit, evidence of pain relief, managed side effects and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has significant pain relief and increased function resulting from medication usage. Additionally, it is indicated that the injured worker has no evidence of aberrant or nonadherent behavior. Therefore, continued use of this medication would be supported. However, the request as it is submitted does not clearly identify frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg quantity 150 is not medically necessary or appropriate.