

Case Number:	CM14-0141748		
Date Assigned:	09/10/2014	Date of Injury:	12/04/2007
Decision Date:	10/20/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/02/2014

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 Pain Medicine, has a subspecialty in Anesthesiology 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:

The injured worker is a 57 year old male injured on 12/04/07 while helping to move a heavy countertop he lost his balance and twisted his back sustaining low back pain with radiation into the right leg. Diagnoses include right wrist posttraumatic arthritis secondary to Kienbock's disease, status-post distal radius osteotomy with plates and screws retained, status-post limited Darrach procedure with residual pain, lumbar degenerative disc disease and degenerative joint disease, depression/anxiety/insomnia, status-post lumbar L4-5 decompression and fusion, and opioid dependence. Clinical note dated 08/05/14 indicated the injured worker presented complaining of right wrist and low back pain. Physical examination revealed decreased right hand grip, positive bilateral straight leg raise, normal sensation to bilateral lower extremities, and motor strength 5/5 to bilateral lower extremities. Treatment plan included renewal of Prilosec 20mg BID, Gabapentin 300mg BID, and Norco 10/325mg QID. The initial request was non-certified on 08/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Norco 10/325MG #60 is not medically necessary at this time.