

Case Number:	CM13-0003238		
Date Assigned:	12/27/2013	Date of Injury:	08/17/2001
Decision Date:	02/24/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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 60-year-old male who reported an injury on 08/17/2001. The mechanism of injury information was not provided in the medical record. The patient's diagnoses include right shoulder bursitis, right shoulder impingement, right shoulder sprain or strain, right shoulder derangement, right elbow pain, right elbow derangement, status post right elbow surgery, right wrist derangement, and status post right wrist surgery. Review of the most recent clinical note dated 08/27/2013 revealed the patient complained of right shoulder, right elbow, right wrist, and right upper extremity pain. The patient had undergone elbow surgery in 2004 and right wrist surgery in 2005 by [REDACTED] and a left knee arthroscopy and left elbow surgery by [REDACTED] in 1980. The patient also had left wrist surgery on 09/12/2012 at [REDACTED]. Physical examination of the spine revealed there was tenderness upon palpation of the right shoulder, right lateral elbow, and right dorsal wrist. There was also tenderness at the bicipital groove and teres minor. There was noted limited ulnar deviation at 10 degrees, radial deviation at 15 degrees, dorsiflexion at 40 degrees, and palmar flexion was 40 degrees as well. Right shoulder and right wrist range of motion were restricted by pain in all directions. Muscle stretch reflexes are 1 and symmetric bilaterally in the upper extremities. There were positive impingement signs, including Neer's and Hawkins signs. Clonus, Babinski, and Hoffmann's signs are absent bilaterally. Muscle strength is 5/5 in the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 # 90 1 refill: 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): 78-79.

Decision rationale: California MTUS Guidelines do not generally recommend opioids for long-term treatment of chronic musculoskeletal pain. If opioids are used for ongoing management, it is recommended per guidelines for ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. If there is no overall advancement or improvement in the patient's functional status or pain status, then the opioids should be discontinued. The patient has been taking the requested medication for an extended amount of time at least since 2012 and continues to have the frequent and constant complaints of pain to his right shoulder, right elbow, right wrist, and right upper extremity. Therefore, the medical necessity for the requested medication, Norco 10/325 mg cannot be proven and the request for Norco 10/325 mg 90 tablets with 1 refill is non-certified.