

Case Number:	CM13-0015843		
Date Assigned:	03/12/2014	Date of Injury:	05/29/2012
Decision Date:	04/15/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/22/2013

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 Geriatric Medicine and is licensed to practice in New York. 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 48-year-old man, with a date of injury of 5/29/12. He was seen by his primary treating physician on 7/16/13, with complaints of left and right shoulder, elbow and wrist pain, loss of sleep and depression and anxiety. His physical exam was significant for 3+ tenderness to palpation of the anterior and poster shoulder, acromioclavicular joint, lateral, medial and posterior elbow and dorsal and volar wrists. His diagnoses were left and right shoulder impingement syndrome and right shoulder sprain/strain, left elbow, left wrist and right wrist sprain, bilateral carpal tunnel syndrome, loss of sleep, anxiety and depression. A urine drug screen was negative and inconsistent with the prescribed therapy of hydrocodone and diazepam. At issue in this review is the prescription for Norco for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #120 TO ALLOW THE PATIENT THIS 1 MONTH SUPPLY FOR WEANING PURPOSES AT THE TREATING PHYSICIAN'S DISCRETION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SHORT ACTING OPIOIDS, WHEN TO CONTINUE OPIOIDS,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80.

Decision rationale: This 48-year-old injured worker has chronic pain in multiple joints, with an injury sustained in 2012. The Chronic Pain Guidelines indicate that for opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 7/16/13 fails to document any improvement in pain, functional status or side effects to justify long-term use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear, but appears limited. The request is for a weaning of Norco and the urine drug screen was negative for Norco questioning limited use or non-compliance. The Norco is denied as not medically necessary.