

Case Number:	CM13-0052775		
Date Assigned:	12/30/2013	Date of Injury:	11/01/2008
Decision Date:	10/16/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/01/2013

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 65-year-old female with a reported injury on 11/01/2008. The mechanism of injury was not provided. The injured worker's diagnoses included herniated cervical disc with radiculitis; herniated lumbar disc with radiculitis; tendinitis, carpal tunnel syndrome of the right hand and wrist, carpal tunnel syndrome of the left wrist and hand, right ankle strain, anxiety and depression, and left shoulder tendinitis/impingement. The injured worker's past treatments included medications and physical therapy. The injured worker's surgical history included a right shoulder arthroscopy on 06/08/2013 for right shoulder impingement syndrome. The most recent documentation of an evaluation was 09/06/2013 where the injured worker presented with a complaint of pain in the right shoulder. The clinician observed and reported the right shoulder range of motion, flexion 165 degrees, extension 35 degrees, abduction 150 degrees, adduction 35 degrees, internal rotation 65 degrees and external rotation 70 degrees. The injured worker was undergoing therapy at that time and also had medications refilled including Anaprox, Prilosec, and Norco 10/325. The request is for Norco 10/325 #120. The rationale for the request is for shoulder impingement syndrome, lumbosacral disc degeneration, internal derangement of the shoulder and cervical disc degeneration. The Request for Authorization form was submitted on 09/06/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95..

Decision rationale: The request for Norco 10/325 #120 is not medically necessary. The injured worker's last provided documented visit was on 09/06/2013 where she complained of shoulder pain. At that point, she was 3 months post surgery to that shoulder. The California MTUS Chronic Pain Guidelines recommend an ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend discontinuation of opioids if there is no overall improvement of function or there is a resolution of pain or decrease in functioning. The last available clinic note did not indicate the level of pain with and without medication, did not indicate baseline activities of daily living and improvement of those with the medication, and did not document adverse effects if any. Additionally, the request did not include a frequency of dosing. Therefore, the request for Norco 10/325 #120 is not medically necessary.