

Case Number:	CM13-0055185		
Date Assigned:	12/30/2013	Date of Injury:	10/15/1993
Decision Date:	03/21/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/20/2013

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 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 67-year-old female who reported an injury on 10/15/1993. The patient reportedly sustained a right upper extremity injury secondary to heavy lifting. The patient is diagnosed with fibromyalgia, bilateral carpal tunnel syndrome, and right shoulder pain. The patient was recently seen by [REDACTED] on 11/18/2013. The patient reported persistent pain and weakness. Physical examination revealed tenderness to palpation and positive Tinel's testing bilaterally. Treatment recommendations included continuation of current pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg (4 per day): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized

this medication. Despite ongoing use, the patient continues to report persistent pain in the right upper extremity. Documentation of a significant functional improvement upon physical examination was not provided. Based on the clinical information received and the California MTUS Guidelines, the request for Norco is not medically necessary or appropriate.

OxyContin 40mg CR (4 per day): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain in the right upper extremity. Documentation of a significant functional improvement upon physical examination was not provided. Based on the clinical information received and the California MTUS Guidelines, the request for OxyContin is not medically necessary or appropriate.