

Case Number:	CM13-0063335		
Date Assigned:	12/30/2013	Date of Injury:	03/19/2013
Decision Date:	07/14/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/09/2013

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 Internal 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 patient is a 51 year old male who was injured on 03/19/2013 while he was setting down a piece of lumbar when he pulled his right upper extremity sustaining injuries to his right shoulder, right elbow, right wrist and right hand symptoms. His diagnoses include medial epicondylitis, elbow tenosynovitis, and upper extremity segmental dysfunction. The patient was prescribed Hydrocodone, a course of functional rehabilitative physiotherapy and chiropractic care. The examination of the right shoulder range of motion revealed abduction 118; adduction to 35; forward flexion to 110; extension to 20; external rotation to 50; and internal rotation to 38. He had spasm of the upper trapezius muscles, which was moderate bilaterally. He had positive impingement test bilateral; positive empty can; positive supraspinatus on the right and positive Yergason's sign on the right. The right upper extremity motor exam revealed 4+/5 motor strength in shoulder abduction and shoulder flexion and 5-/5 in extension, elbow extension, finger abduction, abductor pollicis brevis, shoulder external rotation; and shoulder internal rotation. Right upper extremity deep tendon reflexes revealed 2+ biceps reflexes; brachioradialis reflex and 1+ triceps reflex. There was normal sensation to light touch on examination in the bilateral upper extremities. The treating provider has requested Norco 10/325mg #135.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG # 135: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The California MTUS Guidelines, states that short-acting opioids such as Norco are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain that was last reported; pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. The medical documentation did not include documentation of the medication's pain relief effectiveness and no clear documentation that he has responded to ongoing opioid therapy. According to the California MTUS guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the chronic use of a short acting opioid medication. The patient underwent right shoulder arthroscopy in June 2013. When the patient was evaluated in October 2013, he reported that he was attending therapy, and that he was feeling very well since surgery and that it had significantly improved his pain. The medical records do not establish the patient has persistent moderate to moderately severe pain levels. It is not established that non-opioid means would not be equally effective to manage his pain levels. Medical necessity for the requested medication has not been established. Therefore the requested medication is not medically necessary.