

Case Number:	CM13-0069085		
Date Assigned:	01/03/2014	Date of Injury:	08/04/2013
Decision Date:	08/12/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 41-year-old female who reported an injury on 08/08/2013. The mechanism of injury was not provided per the clinical review. The diagnoses included a cervical sprain/strain, left shoulder sprain/strain, left wrist sprain/strain, left wrist and hand sprain/strain, left hand sprain/strain as well as carpal tunnel, impingement and rotator cuff tear. The previous treatments include physical therapy, medications, bracing, EMG/NCV and MRI. Per the clinical note dated 12/04/2013, it was reported that the injured worker complained of pain in the neck with radicular symptoms into the arms, pain in the left shoulder aggravated with overhead reaching and pain in the left wrist, aggravated with gripping and grasping. Upon the physical examination of the cervical spine, the provider noted that the range of motion of forward flexion was at 40 degrees, and extension was at 50 degrees. There was tightness in the cervical paraspinal musculature. Upon examination of the left shoulder, the provider noted flexion at 90 degrees and extension at 30 degrees. Upon examination of the left wrist, the provider noted a positive Tinel's and Phalen's on the left. The provider requested Norco 10/325 for pain. The Request for Authorization was submitted and dated on 10/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 is not medically necessary. The injured worker complained of pain in the neck with radicular symptoms into the arms, pain in the left shoulder aggravated with overhead reaching and pain in the left wrist aggravated with gripping and grasping. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines recommend the use of a urine drug screen for inpatient treatment with issues of abuse, addiction or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There was a lack of documentation indicating that the medication had been provided functional benefit and improvement. The injured worker has been utilizing the medication since at least 10/2013. Additionally, the use of the urine drug screen was not provided for the clinical review. The request as submitted failed to provide the frequency and the quantity of the medication. Therefore, the request is not medically necessary.