MAXIMUS Federal Services

Case Number:	CM14-0003667		
Date Assigned:	02/03/2014	Date of Injury:	12/28/2007
Decision Date:	06/20/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/10/2014

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 Occupational Medicine and is licensed to practice in California. 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 has submitted a claim for bilateral shoulder and neck pain, associated with an industrial injury date of December 28, 2007. Treatment to date has included multiple surgical procedures with the right shoulder; most recent was on 7/7/2010, left shoulder reconstruction, physical therapy and medications. Medical records from 2007 through 2014 were reviewed; the latest of which was a progress report dated January 3, 2014, which showed that the patient complained of increased bilateral shoulder and neck pain especially right medial elbow, ulnar nerve pain and carpal tunnel pain. There was marginal function of both hands. He has significant cork screwing trying to move his shoulders in abduction around impingement points. There is limitation by his right ulnar nerve and notes a developing progressive neck tightness, increasing with right cervical rotation with aching and numbness down the right arm into the 4th and 5th fingers. Physical examination revealed both shoulders has to corkscrew and shrug his shoulders to let them down, exquisite tenderness at the medial epicondyle and positive Tinel's test with dysesthesia into the 4th and 5th fingers. Grip was intact bilaterally but slightly weak. He has to push up and get up awkwardly, and shrug shoulders on the way to standing up.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10-325MG 1-2 TABS EVERY 8 HOURS AS NEEDED WITH REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines Page(s): 79-81.

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient continued to experience persistent bilateral shoulder and neck pain which showed no documentation of pain relief. In addition, there is no improvement of the functional activites noted. The guidelines require clear and concise documentation for continuing opioid management. Also, there is no specified quantity of Norco to be dispensed. Therefore, the request for a pharmacy purchase of Norco 10-325mg 1-2 Tabs every 8 hours as needed with refill is not medically necessary and appropriate.