

Case Number:	CM14-0117256		
Date Assigned:	08/06/2014	Date of Injury:	03/21/2008
Decision Date:	09/15/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/25/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine 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 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 44-year-old female who was injured at work on 03/21/2008. EMG/NCV of the upper extremities done on 04/ 08/ 2008 revealed median nerve compression at the carpal tunnel. By 2012 she was determined to be at maximal medical improvement, and she was diagnosed of cervical strain, bilateral shoulder impingement syndrome with acromioclavicular joint/ right greater than left, bilateral tennis elbow, bilateral wrist pain status carpal tunnel release. She had at various times been treated with Acetaminophen ES, Lidoderm patch, Nabumetone, Tramadol, Prilosec, Naproxen, Xoten-C lotion, Tizanidine, Norco and Banalg lotion. She was lost to follow up in 2013, but she returned in 03/2014 complaining of persistent burning and stabbing pain in her shoulders, right worse than the left. The pain is 8/10; it wakes her up from sleep. The physical examination revealed tenderness in the shoulder capsule and the acromioclavicular joint. In addition she had positive Neer, Hawking's and O'Brien's test. The range of motion was decreased in all planes, and she had mild weakness in her arm, therefore she was given prescription for Diclofenac, Norco 10/325 mg #90, Tramadol ER 150mg #60, and Zolpidem. However, the utilization reviewer modified the order as she was said to have been using opiates since 2008. The injured worker returned in 06/2014 complaining of worsening pain, as a result of which she was given a physical therapy referral and prescription of Norco. In dispute is the request for Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter.

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

Decision rationale: There is no indication from the documents reviewed that other approaches like physical restorative approaches, behavioral interventions, self-applied modalities, non-opioid medications, (including antidepressants, anticonvulsants and topical agents), had been tried and failed before initiating opiates use. Therefore the continued use of opioid, like Norco, known to be associated with risk of addiction and dependence, is not medically necessary; as this individual is said to have been on this medication since 2008. The MTUS recommends that the injured worker should set certain goals before initiating opioid and the continued use of opioids should be contingent on meeting these goals. Similarly, the MTUS recommends a visit frequency of 1-6 months for those on chronic opioids use; on the contrary, the injured worker was not seen in 2013. Furthermore, the MTUS recommends on ongoing Management of opioids to include reviewing of improvement in function and pain, as well as adverse effects during office visits. Therefore, this request is not medically necessary.