

Case Number:	CM14-0118714		
Date Assigned:	08/06/2014	Date of Injury:	09/02/2012
Decision Date:	10/01/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/29/2014

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 Physical Medicine & Rehabilitation, Pain 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 injured worker is a 53-year-old female who reported an injury on 09/02/2012 from an unspecified mechanism of injury. The injured worker had a history of cervical pain that radiated down to the left upper extremity. The injured worker had a diagnosis of left de Quervain's tenosynovitis, left medial epicondylitis, bilateral shoulder impingement, bilateral carpal tunnel syndrome, and left C6 radiculopathy. The prior surgeries included a status post left trigger finger release and a cervical dissection and fusion with cage dated 05/21/2014. The medication included Norco 10/325 mg, Zofran 4 mg, and Protonix 20 mg. The injured worker rated her pain a 9/10 using the VAS. The physical examination dated 07/09/2014 of the cervical spine revealed well healed right sided anterior cervical incision. Palpation to the cervical spine revealed no evidence of tenderness or spasms on the paracervical muscles or spinous process. No tenderness over the base of the neck. No tenderness over the base of the skull. No tenderness over the trapezius musculature bilaterally. No tenderness over the interscapular space. No tenderness over the anterior cervical musculature. Sensory was intact to the bilateral upper extremities with light touch, pinprick intact bilateral upper extremities. The range of motion was flexion was 21 degrees and extension at 17 degrees. The motor power to the shoulder, elbow, and wrist were 5/5 bilaterally. Diagnostic studies were an x-ray dated 07/02/2014 that revealed hardware in good position, no signs of fracture or loosening. The treatment plan included to continue with the bone growth stimulator, refill Norco, and follow-up in 4 to 6 weeks. The Request for Authorization dated 08/06/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The injured worker's injury was in 2012. The clinical notes indicated that the injured worker was having pain to the upper extremity. However, there was no measurable function to the cervical region. The clinical notes were not evident of any aberrant drug taking behavior that was addressed or adverse side effects or daily activities of daily living. The request did not indicate the frequency or route. As such, the request of Norco 10/325mg #120 is not medically necessary and appropriate.