

Case Number:	CM14-0124125		
Date Assigned:	08/11/2014	Date of Injury:	08/11/2012
Decision Date:	10/02/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/06/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 57 year-old female was reportedly injured on 8/11/2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated 8/12/2014, indicates that there are ongoing complaints of left wrist, elbow and shoulder pain. Physical examination demonstrated tenderness along wrist joint, Tinel's at the wrist, ripped this week, can make a full fist. Plain radiographs of the left shoulder showed calcific tendinitis in May 2014. Electrodiagnostic studies demonstrated carpal tunnel syndrome. No recent urine drug screen available for review. Previous treatment includes physical therapy, injections, bracing, cold wrap, TENS unit and medications to include Norco, Protonix, Flexeril, Trazodone and Diclofenac ER. A request had been made for Norco #60, which was not certified in the utilization review on 8/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, and 91 of 127..

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic upper extremity pain after a work-related injury in August 2012; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. Furthermore, there is no recent urine drug screen available for review. Given the lack of documentation, this request is not considered medically necessary.