MAXIMUS Federal Services

Case Number:	CM14-0157893		
Date Assigned:	10/29/2014	Date of Injury:	04/25/2000
Decision Date:	12/05/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/26/2014

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 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 47-year-old woman with a date of injury 4/25/2000. She is being treated for chronic pain associated with lateral epicondylitis, brachial radiculitis, anxiety and opioid dependence. Examination demonstrates evidence of positive right shoulder impingement signs, right de Quervain's test and tenderness to palpation of the lateral epicondyles bilaterally. Pain is rated as 10 /10 without medication and 4/10 with medication. Records indicate that she had initially been prescribed OxyContin 60 mg twice daily and switched to Norco due to insurance issues. Current request include Norco 10/325 not to exceed 10 pills per day and Xanax 1mg tid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 79-87.

Decision rationale: The injured worker is on high dose opioid therapy for chronic upper limb pain. She was initially maintained on OxyContin and switched to Norco. Records also make mention of painful dental complications. Despite an escalating dose of opioid therapy there is no

demonstrable improved pain or function. MTUS guidelines recommend the use of the lowest possible opioid dose to improve function and pain or return to work; and further that dosing should not exceed 120 mg oral morphine equivalents per day. Available documentation, although demonstrating consistent pain control, does not provide adequate support of utilizing the lowest dose possible nor was there been any demonstration of functional improvement. Request as stated is not consistent with MTUS guidelines and is therefore not medically necessary.