

Case Number:	CM14-0024159		
Date Assigned:	06/11/2014	Date of Injury:	05/30/2008
Decision Date:	07/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/26/2014

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, has a subspecialty in Interventional Spine 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 is a 46 year-old female with an injury date of 05/30/08. Based on the 01/20/14 progress report provided by [REDACTED], the patient complains of ongoing pain issues in her right upper extremity, low back pain, and radiculopathy in both her feet. The patient's diagnoses include the following: 1. Medial epicondylitis. 2. Cervical disc disorder with radiculopathy. 3. Rotator cuff syndrome. 4. Adhesive capsulitis of shoulder. 5. Cervicalgia. 6. Adjustment disorder with mixed anxiety and depressed mood. 7. Pain in joint involving shoulder region. 8. Carpal tunnel syndrome. 9. Lateral epicondylitis. On 04/30/12, the patient had a right tennis elbow release and application of a long arm splint. The 10/11/12 MRI of the neck revealed that the central posterior disc extrusion at C5-6 could be a source for pain. There is some mild-to-moderate left foraminal narrowing at C5-6 related to left posterior lateral disc protrusion in addition to the focal central disc extrusion. The 05/09/13 x-ray of the cervical spine revealed a slight reversal of normal cervical lordosis. [REDACTED] is requesting for 1 prescription of Norco 10/325 mg #60. The utilization review determination being challenged is dated 02/19/14. [REDACTED] is the requesting provider, and he provided treatment reports from 05/17/13-04/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF NORCO 10/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 78, 88-89.

Decision rationale: There are no discussions regarding any functional improvement specific to the opiate use, nor do any of the reports discuss any significant change in ADLs. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Recommendation is for denial.