

Case Number:	CM14-0050534		
Date Assigned:	06/25/2014	Date of Injury:	02/26/2013
Decision Date:	07/25/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/24/2014

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 Illinois. 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 42-year-old female who reported a cumulative trauma injury dated from 09/01/2006 to 02/26/2013. The clinical note dated 02/25/2014 noted the injured worker reported complaints of left elbow and bilateral wrist symptoms. Her pain was reportedly decreased from a pain level of 8/10 down to 6/10 to 7/10. Upon examination of the right and elbow and wrist, there was tenderness to palpation of the lateral medial epicondyle region, a positive Cozen's test, positive Tinel's, tenderness to palpation over the flexor and extensor tendons, and a positive Phalen's. Examination of the left elbow and wrist revealed tenderness to palpation over the flexor and extensor tendons. Diagnoses were right shoulder myofascial strain/impingement with diagnostic ultrasound study dated 08/22/2013, revealed rotator cuff supraspinatus tendonitis and bilateral forearm/wrist tenosynovitis with associated dynamic bilateral carpal tunnel syndrome. Prior treatment included acupuncture treatment, injections, home exercise program, and ice application, and medications. The provider recommended Norco 5/325 mg with a quantity of 60, the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78..

Decision rationale: The request for Norco 5/325 mg with a quantity of 60 is not medically necessary. Chronic Pain Medical Treatment Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The included medical documentation lacked evidence of an objective assessment of the injured worker's pain level and reference to medication taking, functional status, evaluation for risks of aberrant drug abuse behavior, and side effects. The injured worker has been prescribed Norco since at least 01/2014, the efficacy of the medication was not provided. Additionally the providers request did not provide the frequency of the medication. As such, the request is not medically necessary.