

Case Number:	CM14-0061650		
Date Assigned:	07/09/2014	Date of Injury:	02/21/2012
Decision Date:	09/15/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/02/2014

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 35-year-old female with a reported injury on 02/21/2012. The mechanism of injury is due to cumulative trauma. The injured worker's diagnoses included cervical/trapezial musculoligamentous sprain/strain with upper right extremity radiculitis, thoracic musculoligamentous sprain/strain, right shoulder parascapular myofascial strain with bursitis, tendonitis, and impingement, right elbow medial and lateral epicondylitis with early cubital tunnel syndrome, right forearm and wrist flexor and extensor tendonitis with early carpal tunnel syndrome, left shoulder parascapular myofascial strain, and tendonitis with history of impingement, left elbow lateral epicondylitis, left forearm and wrist flexor and extensor tendonitis. The injured worker has had previous treatments of exercise stretching and the use of medication. The injured worker also had some previous chiropractic treatments. The examination that was available for review was on 09/09/2013 where the injured worker complained of pain worsening in the neck, mid back, right wrist, and hand. There were some deficits noted to her cervical spine range of motion. Finkelstein's test was positive. There was no evidence of atrophy or spasticity. Her medication list consisted of Norco, she stated that she was out of muscle relaxants and indicated that Norflex medication did not provide benefit. It was recommended that the injured worker take Zanaflex as needed for spasms. The request for authorization with her Norco was signed and dated for 04/25/2014. There was a lack of clinical notes provided to consider for that date of request. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norco 7.5/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, online edition, 9th Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: The Retrospective request for Norco 7.5/325mg #120 is not medically necessary. The California MTUS Guidelines recommend for the ongoing monitoring of opioids for documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-adherent drug related behaviors. The guidelines also recommend discontinuing the use of opioids if there is no overall improvement in function, unless there are extenuating circumstances. There was a lack of documentation of pain relief, there was not a Visual Analog Scale provided. The side effects were not assessed in this examination, and the physical and psychosocial functioning deficits were not provided. There is not a urine drug screen test provided for the monitoring of aberrant or non-adherent drug related behaviors. There was a lack of documentation that there has been an overall improvement in function. Furthermore, the request does state for retrospective payment of the Norco and there was no date of service provided. There was a lack of directions as far as frequency provided in the request as submitted. There was a lack of evidence to support the use of 120 pills without further evaluation and assessment. The clinical information fails to meet the evidence based guidelines for the request for the Norco 7.5/325 mg. Therefore, the request for Retrospective request for Norco 7.5/325 mg #120 is not medically necessary.