

Case Number:	CM14-0079613		
Date Assigned:	07/18/2014	Date of Injury:	04/26/2012
Decision Date:	08/29/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/30/2014

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 53-year-old male who reported an injury on 04/26/2012. The mechanism of injury was not provided. On 05/08/2014 the injured worker presented with right upper extremity pain from the right elbow which moves back and forth toward the shoulder. Current medications include Norco and Metformin. Upon examination, the injured worker had full range of motion of the upper extremities bilaterally, 5/5 grip strength bilaterally, and has a missing tip over the 4th finger in the right side. He was wearing a right elbow support. The diagnoses were left rotator cuff tear status post surgical repair, neck pain, right elbow tendonitis, history of adult onset diabetes mellitus, and history of Bell's palsy of the left side. The provider recommended Norco 10/325 mg, 1 to 2 tablets as needed for pain; 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 10/325MG, 1-2 tablets as needed for pain.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Edition, Opioids for chronic pain Page(s): 78-81.

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

Decision rationale: The California MTUS Guidelines recommend the use of opiates for ongoing management of chronic pain. The Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risks for aberrant drug abuse behavior, and side effects. Additionally, the provider's request does not indicate the quantity of the medication in the request as submitted. As such, the request is not medically necessary.