

Case Number:	CM14-0093558		
Date Assigned:	10/02/2014	Date of Injury:	09/21/2007
Decision Date:	11/10/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/19/2014

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 Family Medicine 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:

This injured worker's date of injury is 09/21/2007. This patient receives treatment for chronic left wrist pain, which resulted from a slip and fall. The patient was diagnosed with a Rotator Cuff Tear of the Right Shoulder and had this Repaired Arthroscopically. A lumbar MRI in November 2012 showed lumbar disc disease. The patient received ESIs. An MRI of the left knee showed degenerative changes. Electrodiagnostic studies showed bilateral carpal tunnel syndrome. An MRI of the left wrist on 04/08/2014 was normal. The medical diagnoses include lumbar disc disease, cervical disc disease, wrist pain, and Opioid dependence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48,270.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-83.

Decision rationale: This patient's chronic pain dates back to 2007. Clinical studies show that opioids when used to treat chronic pain frequently do not increase function. This form of

treatment often leads to tolerance, dependence, addiction, and hyperalgesia. The documentation does not show that the Norco is increasing function. Norco is not medically indicated.