

Case Number:	CM14-0196293		
Date Assigned:	12/04/2014	Date of Injury:	01/09/2013
Decision Date:	01/16/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency 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:

The injured worker is a 42 year-old female, who sustained an injury on January 9, 2013. The mechanism of injury occurred from cumulative trauma. Pertinent diagnostics were not noted. Treatments have included: medications, right shoulder surgery, physical therapy. The current diagnoses are: brachial neuritis/radiculitis, elbow lateral epicondylitis, right shoulder impingement syndrome. The stated purpose of the request for Norco 10/325mg #180 was for pain relief. The request for Norco 10/325mg #180 was denied on October 24, 2014, citing a lack of documentation of functional improvement. Per the report dated October 15, 2014, the treating physician noted complaints of neck, right shoulder and right elbow pain. Exam findings included full right shoulder range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation California Code of Regulations, Title 8. Effective July 18, 2009

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management; Opioids for Chronic Pain Page(s): 78-80; 80-82.

Decision rationale: The requested Norco 10/325mg #180, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck, right shoulder and right elbow pain. The treating physician has documented full right shoulder range of motion. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #180 is not medically necessary.