MAXIMUS Federal Services

Case Number:	CM14-0200168		
Date Assigned:	12/10/2014	Date of Injury:	11/14/2011
Decision Date:	01/26/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/01/2014

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 Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in New York. 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 patient is a 57-year-old male with a date of injury of November 14, 2011. The patient had chronic right shoulder pain extending into the biceps. The patient had right biceps tendon surgery with median nerve injury documented. The patient takes medications for pain to include narcotics. The medical records indicate that no further surgery can be done. Lyrica has helped the patient with his neuropathic pain. The patient also uses a Lidoderm patch and takes narcotics. On physical examination the patient has numbness and a positive Tinel sign. At issue is whether additional narcotic medication is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 MG #30 1/2 Tab by Mouth 2 Times A Day As Needed for The Right Biceps Tendon/Post Surgical Median Nerve Injury: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS chronic pain treatment guidelines

Decision rationale: This patient does not meet MTUS criteria for additional narcotic therapy. Guidelines do not recommend long-term use of narcotics for chronic pain. In addition the

medical records do not document significant functional improvement with the patient's previous narcotic medication. Additional narcotic medication is not medically necessary as per guidelines because functional improvement has not been documented with previous narcotic therapy for the patient's postsurgical nerve injury. Therefore, Norco 5/325 MG #30 1/2 Tab by Mouth 2 Times A Day As Needed for The Right Biceps Tendon/Post-Surgical Median Nerve Injury is not medically necessary.