

Case Number:	CM14-0097002		
Date Assigned:	07/28/2014	Date of Injury:	08/14/2012
Decision Date:	01/28/2015	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/25/2014

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 Internal 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 (IW) is a 37-year-old woman with a date of injury of June 14, 2012. The mechanism of injury is documented as a repetitive stress injury to the right shoulder, arm, hand and neck. The injured worker's working diagnoses are other affections of the right shoulder region, not elsewhere classified; and carpal tunnel syndrome. Prior treatments have included chiropractic treatments, physical therapy, medications, and right shoulder injections. Pursuant to the progress note dated April 28, 2014, the IW complains of pain in the right shoulder with radiation to the right arm, right elbow, wrist, and hand. The pain radiates up to her lateral neck. The pain is associated with tingling in the hands, and numbness in the arms. Pain with medications is 4/10. Examination of the cervical spine reveals decreased range of motion (ROM). There is tenderness to palpation (TTP) over the right superior trapezius, levator scapula and rhomboid muscles and subacromial bursa. Examination of the right shoulder reveals TTT over the anterior and lateral aspects of the shoulder. Hawkins test is positive. Examination of the right wrist reveals TTT over the wrist. Tinel's is positive. Current medications include Norco 10/325mg, Voltaren XR 100mg, and Omeprazole 20mg. Documentation indicates the IW was taking Vicodin as far back as December 27, 2012, according to a progress note with the same date. There are no detailed pain assessments or evidence of objective functional improvement associated with the use of Norco. The current request is for Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Norco 10/325 three times a day as needed QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Criteria for use of Opioids; Functional Improvement Measures P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 three times a day, as needed, #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate abuse. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed function. In this case, the injured worker's 35 years old and the date of injury is June 14, 2012. The injured worker's working diagnoses are left cervical radiculopathy; cervical sprain/strain; status post right shoulder arthroscopic surgery (March 10, 2014); reflex sympathetic dystrophy versus complex regional pain syndrome; right shoulder sprain/strain; right elbow sprain/strain; right wrist sprain/strain; and bilateral carpal syndrome. The injured worker has been taking Norco over a protracted period of time. A progress note dated December 27, 2012 indicates the injured worker was taking Vicodin at that time. The documentation is unclear whether and how long the injured worker was taking Norco prior to that date. There are no detailed pain assessments in the medical record. Overall, the documentation did not contain clinical evidence of objective functional improvement. Consequently, absent the appropriate clinical documentation with evidence of objective functional improvement and clinical rationale to support Norco's ongoing use without evidence of titration or weaning, Norco 10/325 mg three times a day, as needed, #90 is not medically necessary.