

Case Number:	CM15-0003180		
Date Assigned:	01/14/2015	Date of Injury:	06/21/2008
Decision Date:	03/17/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old male with an injury date of 06/21/08. As per progress report dated 11/26/14, the patient complains of aching, stabbing and burning pain in head, neck, shoulders, forearms, hands, mid back, low back and lower extremities. Prolonged activity worsens the pain while injections, medications, ice and heat, physical therapy, and rest help alleviate it. The pain is rated at 7-8/10 without medications and 5-8/10 with medications. The patient is also suffering from right-sided facial numbness, depression and memory problems. Physical examination reveals increased tenderness over SCM bilaterally along with positive Tinel's sign at left wrist and right elbow. Sensation is slightly reduced over the medial nerve distribution on the left. Flexion and extension are painful in the thoracic spine. The patient is status post left elbow and left wrist surgery on 04/17/14, as per progress report dated 10/29/14. The patient also underwent right carpal tunnel release and right anterior transposition of the ulnar nerve for cubital tunnel syndrome on 05/30/13, as per progress report dated 08/18/14. Medications, as per progress report dated 11/26/14, include Ibuprofen, Omeprazole, Docusate sodium, Carbamazepine, Norco, Toprol, Lopressor, Remeron and Wellbutrin. The patient is also benefiting from home exercise program, as per the same report. The patient is not working, as per progress report dated 11/26/14. EMG/NCV, 10/16/14, as per progress report dated 10/29/14: Mild bilateral carpal tunnel and left cubital tunnel syndrome- Improvement in bilateral carpal tunnel and left cubital tunnel syndrome and resolution of right cubital tunnel syndrome, when compared to prior study dated 02/01/13. Diagnoses. 11/26/14: Neck pain, Chronic pain, Myofascial pain, Shoulder pain, Rotator cuff disorder, Chronic pain syndrome, Dysthymic disorder, Numbness, Carpal tunnel

Syndrome, Facet joint disease of cervical region, Degeneration of cervical intervertebral disc, Anxiety, Depression. The utilization review determination being challenged is dated 12/09/14. Treatment reports were provided from 06/05/14 - 11/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with aching, stabbing and burning pain in head, neck, shoulders, forearms, hands, mid back, low back and lower extremities, as per progress report dated 11/26/14. The request is for NORCO 10/325 mg # 120. The pain is rated at 7-8/10 without medications and 5-8/10 with medications. The patient is also suffering from right-sided facial numbness, depression and memory problems, as per the same progress report. The patient is status post left elbow and left wrist surgery on 04/17/14, as per progress report dated 10/29/14. The patient also underwent right carpal tunnel release and right anterior transposition of the ulnar nerve for cubital tunnel syndrome on 05/30/13, as per progress report dated 08/18/14. The patient is not working, as per progress report dated 11/26/14.