

Case Number:	CM15-0005460		
Date Assigned:	01/16/2015	Date of Injury:	01/24/1992
Decision Date:	03/10/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/11/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 68 year old female has complained of shoulder, neck, elbow and wrist pain since the date of injury 1/24/1992. The mechanism of injury is not stated in the available medical records. The patient has been treated with epidural steroid injections, carpal tunnel release surgery, physical therapy and medications. Objective: decreased and painful range of motion of the cervical spine, tenderness to palpation of the bilateral trapezius musculature. Diagnoses: median nerve injury, ulnar nerve injury. Treatment plan and request: Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty 1230: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to take Before a Therapeutic Trial of Opioids Page(s): 76, 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 8-89.

Decision rationale: This 68 year old female has complained of shoulder, neck, elbow and wrist pain since the date of injury 1/24/1992. She has been treated with epidural steroid injections,

carpal tunnel release surgery, physical therapy and medications to include opioids since at least 06/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.