MAXIMUS Federal Services

Case Number:	CM15-0019601		
Date Assigned:	02/06/2015	Date of Injury:	06/21/2012
Decision Date:	04/06/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	02/03/2015

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, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64-year-old female who reported an injury on 06/21/2012 due to an unspecified mechanism of injury. On 11/11/2014, she presented for a follow up evaluation. She reported pain and numbness into both hands and reported associated headaches and neck pain as well as pain in both shoulders. A physical examination showed right wrist tenderness and right lateral epicondylar tenderness as well as right rotator cuff, supraspinatus, and infraspinatus tenderness. There was some paracervical tenderness at the C2-4. Finkelstein's test was positive on the right for de Quervain's tenosynovitis and negative on the left. There was right knee tenderness and swelling. The left and right shoulder range of motion was noted to be decreased. She was diagnosed with diabetes mellitus, chronic cervical myofascial pain, chronic lumbosacral pain, chronic right shoulder pain, chronic right leg radicular symptoms, chronic right upper extremity radicular symptoms, chronic right knee sprain, status post right hand and foot pain, probable muscle contraction with cervicogenic headaches, chronic de Quervain's tenosynovitis, chronic right hand pain at the base of the first metacarpal, and symptoms of bilateral carpal tunnel syndrome. The treatment plan was for Norco 5/325 mg. The rationale for treatment was to alleviate the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines state that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. The documentation provided fails to show that the injured worker is having a quantitative decrease in pain or an objective improvement in function with the use of this medication. Also, no official urine drug screens or CURES reports were provided for review to validate her compliance with her medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.