

Case Number:	CM15-0137970		
Date Assigned:	07/27/2015	Date of Injury:	08/01/2010
Decision Date:	08/24/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/16/2015

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: Emergency Medicine

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 57 year old female, who sustained an industrial injury on 08-01-2010. On provider visit dated 04-28-2015 the injured worker has reported bilateral shoulder pain. On examination of the right wrist revealed a well healed wound over the right wrist with ecchymosis over the forearm, sensation was intact to light touch in the digits of both hands. Right shoulder was noted to have painful range of motion and a positive impingement sign and left shoulder was noted to have a painful range of motion as well. The diagnoses have included left medial epicondylitis, right medial epicondylitis, recalcitrant cervicobrachial syndrome, wrist and forearm myofasciitis, right shoulder biceps tendinitis, right shoulder acromioclavicular joint arthritis, left shoulder rotator cuff tendinitis which partial tearing, left shoulder biceps tendinitis, left shoulder AC joint arthritis, and bilateral degenerative SLAP lesion-lesions. Treatment to date has included cortisone injections, medications noted as Norco, Naproxen and Sudafed, status post left lateral epicondylar debridement and extensor reattachment 11-18-2014 and status post endoscopic release 03-31-2015. There was no clear evidence of any significant reduction in pain level or improvement in functional capacity with medication regimen noted. The provider requested Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Norco (Dosage and Quantity Not Specified), QTY: 1, DOS: 07/01/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Opioids, criteria for use Page(s): 48, 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Retrospective review of Norco (Dosage and Quantity Not Specified), QTY: 1, DOS: 07/01/2015, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has bilateral shoulder pain. On examination of the right wrist revealed a well healed wound over the right wrist with ecchymosis over the forearm, sensation was intact to light touch in the digits of both hands. Right shoulder was noted to have painful range of motion and a positive impingement sign and left shoulder was noted to have a painful range of motion as well. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Retrospective review of Norco (Dosage and Quantity Not Specified), QTY: 1, DOS: 07/01/2015 is not medically necessary.