

Case Number:	CM15-0146739		
Date Assigned:	08/07/2015	Date of Injury:	11/11/2005
Decision Date:	09/04/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/28/2015

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: Massachusetts

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 50 year old female, who sustained an industrial injury on November 11, 2005. The injured worker was diagnosed as having right elbow epicondylitis, right wrist triangular fibrocartilage tear and right shoulder rotator cuff tear. Treatment to date has included injections, medication, heat and ice, magnetic resonance imaging (MRI), electromyogram, nerve conduction study, occupational therapy and physical therapy. A progress note dated July 2, 2015 provides the injured worker complains of right shoulder, elbow and wrist pain. He reports clicking and catching of the wrist and elbow with wrist swelling with numbness and tingling of the fingers. Physical exam notes right shoulder pain on palpation, decreased range of motion (ROM) and positive impingement. The right elbow has tenderness to palpation and there is tenderness to palpation and catching and clicking of the wrist with positive Tinel's sign and carpal compression test. X-rays were reviewed revealing soft tissue swelling of the right forearm. The plan includes magnetic resonance imaging (MRI), electromyogram, nerve conduction study, lab work and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #50: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury in November 2005 and is being treated for left upper extremity pain. When seen, there was persistent left elbow pain radiating to the shoulder. Physical examination findings are documented as that of weakness and instability. Norco is being prescribed at a total MED (morphine equivalent dose) of less than 20 mg per day. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.