

Case Number:	CM15-0164371		
Date Assigned:	09/01/2015	Date of Injury:	06/12/2009
Decision Date:	10/13/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/21/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 59 year old male, who sustained an industrial injury on 6-12-2009. He reported pain in his right shoulder and hand. Diagnoses have included right and left shoulder pain status post arthroscopy, right carpal tunnel syndrome, right cubital tunnel syndrome and secondary depression and insomnia. Treatment to date has included physical therapy, magnetic resonance imaging (MRI), surgery, chiropractic treatment and medication. According to the progress report dated 6-29-2015, the injured worker complained of right shoulder pain and popping. He complained of left shoulder pain and weakness. He complained of right hand and wrist pain. He complained of neck pain and upper back pain. He also complained of low back pain. He complained of depression, insomnia and stomach upset. He reported pain relief of 50 percent or higher with the current opioids. Physical exam showed moderate tenderness to palpation of the right shoulder and slight tenderness to palpation of the left shoulder. Exam of the right wrist and hand revealed mild tenderness to palpation. Authorization was requested for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 5-325mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80-81, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Norco is not substantiated.