MAXIMUS Federal Services

Case Number:	CM15-0186533		
Date Assigned:	09/28/2015	Date of Injury:	12/17/2003
Decision Date:	11/03/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/22/2015

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 an 81 year old female who sustained an industrial injury 12-17-03. A review of the medical records reveals the injured worker is undergoing treatment for pain in the shoulder, carpal tunnel syndrome, tension headache, ulnar nerve lesion, and tenosynovitis hand-wrist. Medical records (09-02-15) reveal the injured worker complains of bilateral shoulder and wrist pain and right hand pain. The physical exam (09-02-15) reveals a painful arc at about 85 degrees in the bilateral shoulder in regards to forward flexion and abduction, as well as tenderness over both shoulders capsules and over the right wrist. There are triggering present in her hands bilaterally. Prior treatment includes medications, injections, and 2 shoulder surgeries and bilateral carpal tunnel release. The original utilization review (09-15-15) non certified the request for Norco 5/325 #27.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #27: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment, Opioids, criteria for use.

Decision rationale: The claimant has a remote history of a work injury occurring in December 2004 and is being treated for bilateral shoulder and wrist and right hand pain. When seen, injections were pending. She had been retired for two months. The assessment references the claimant is using a very small amount of Norco which she had not had refilled for about five months. She was taking Imitrex for headaches. She was trying to avoid shoulder surgery. Physical examination findings included bilateral shoulder tenderness. There was right wrist tenderness and triggering of the hands bilaterally. Norco was prescribed.Norco (hydrocodone/acetaminophen) is a short acting combination opioid medication often used for intermittent or breakthrough pain. In this case, neither VAS pain levels nor a description of the pain intensity was recorded when this medication was prescribed. Without documenting baseline pain levels, the request cannot be accepted as being medically necessary.