MAXIMUS Federal Services

Case Number:	CM15-0191125		
Date Assigned:	10/05/2015	Date of Injury:	10/25/2006
Decision Date:	11/10/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/29/2015

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, West Virginia, Pennsylvania
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 47-year-old male who sustained an industrial injury on 10-25-2006. Diagnoses have included carpal tunnel syndrome, rotator cuff tendonitis, and elbow, forearm and shoulder pain. Diagnostic tests are not provided with the medical records. Documented treatment includes psychiatric care and medication including Trazodone stated to be used for insomnia; Lyrica; Propranolol; Sertraline; Ibuprofen; and, Norco which is documented on 9-20-2015 to have been taken for at least one year providing 60 to 70 percent pain reduction. The injured worker has stated in previous documents that Norco enables him to participate in activities of daily living including self-care and household chores. Other treatments are not discussed in the recent medical records provided. Documentation does not show evidence of a recent urine drug analysis, reference to opioid contract or discussion of medication routine or behaviors. The injured worker continues to report neck and right shoulder, elbow and wrist pain and on 8-20- 2015 he reported "no significant changes" over the past few months. The physician noted discomfort in the cervical muscles with palpation which were worse on the right, pain over the right shoulder muscles, right forearm flexor and extensor muscle groups, and the injured worker stated feeling discomfort with active range of motion to the right wrist. The note states "All movements associated with discomfort." The treating physician's plan of care includes 120 Norco on 8-20-2015, but this was non-certified on 9-24-2015. Current work status: not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg quantity: 120: 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, criteria for use.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is insufficient evidence that the treating physician is prescribing opioids according to the guidelines. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. In this case, there is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. Therefore, the request for Norco 10/325 mg #120 is not medically necessary.