

Case Number:	CM15-0023014		
Date Assigned:	02/12/2015	Date of Injury:	10/12/1995
Decision Date:	04/07/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old female who reported an injury on 10/13/1995 due to an unspecified mechanism of injury. On 01/21/2015, she presented for a followup evaluation regarding her work related injury. She reported ongoing complaints of right elbow pain, right thumb, neck pain with occasional radiation into the upper extremities. She noted that her symptoms were manageable with her adjunct medication, which reduced her pain from an 8/10 to a 2/10 to 3/10. A physical examination showed tenderness over the basilar joint with a positive grind test at the right thumb. The right elbow showed tenderness over the lateral epicondyle and extensor muscle mass with increased pain with wrist extension against resistance. Cervical spine showed forward flexion was within 1 finger width of chin to chest and extension to 30 degrees with lateral rotation to 70 degrees bilaterally. She was diagnosed with chronic right lateral epicondylitis, right basilar joint arthrosis, status post anterior cervical discectomy and fusion, and right carpal tunnel release with residuals. Her medications included Norco 5/325 mg 1 tab every day and Zantac 150 mg 1 twice a day. The treatment plan was for Norco 5/325 mg #50 with 0 refills. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg, fifty count with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. While it was noted that the injured worker had a quantitative decrease in pain with the use of her medications, there is a lack of documentation showing that she had an objective improvement in function. Also, no official urine drug screens or CURES reports were provided for review to validate compliance with her medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.