

Case Number:	CM15-0221284		
Date Assigned:	11/16/2015	Date of Injury:	07/04/2013
Decision Date:	12/23/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/10/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 41 year old female, who sustained an industrial injury on 7-4-2013. The medical records indicate that the injured worker is undergoing treatment for shoulder, elbow, and wrist tendinitis-bursitis and elbow fracture. According to the progress report dated 9-17-2015, the injured worker presented with complaints of chronic right shoulder, right elbow, and right wrist pain. She notes increased pain with mild anxiety and suboptimal pain relief with medication. The level of pain is not rated. The physical examination of the right shoulder reveals positive impingement and Hawkin's sign, pain to the anterior and posterior deltoid, decreased muscle strength (4 out of 5) in the deltoid, bilaterally, and painful and decreased range of motion on flexion and abduction to approximately 90 degrees. Examination of the right elbow reveals tenderness to the medial and lateral epicondyles, painful and decreased range of motion, and pain to the olecranon process and antecubital fossa. The right wrist shows a tender distal radius, pain with range of motion, and diminished grip strength. The current medications are not specified. The records do not indicate when Norco was original prescribed. Previous diagnostic studies were not specified. Treatments to date include medication management, home exercise program, and trigger point injections. Work status is not indicated. The original utilization review (10-29-2015) had non-certified a request for Norco 5-325mg #60 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narc Norco 5/325mg #60 X 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page 79, 80 and 88 of 127. This claimant was injured two years ago. The records do not document when the Norco was prescribed, or what the objective functional improvement out of the regimen has been. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.