

Case Number:	CM15-0221820		
Date Assigned:	11/17/2015	Date of Injury:	01/20/2014
Decision Date:	12/31/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/11/2015

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

Certification(s)/Specialty: Family Practice

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 was a 47 year old female, who sustained an industrial injury on January 20, 2014. The injured worker was undergoing treatment for contusion of the forearm, crushing injury of the forearm, other affecting the shoulder region, chronic pain syndrome, carpal tunnel syndrome, lesion of the ulnar nerve, neck strain and or sprain, mononeuritis arm and cervicobrachial syndrome. According to progress note of September 17, 2015, the injured worker's chief complaint was cervical spine, left shoulder, left elbow, forearm, and wrist and hand pain. The left hand pain was described as aching, stabbing and throbbing. The pain was rated at 3 out of 10 least and 4 out of 10 worst. The pain radiated up the arm. The left forearm pain was over the dorsal radial aspect in the area of the mass from the direct blow with pain and paresthesias along the ulnar aspect of the forearm up to the level of the elbow. The pain was described as aching, burning and constant. The pain was rated 3 out of 10 least and 5 out of 10 at the worst. The left elbow pain was over the medial and lateral aspect, greater on the medial side and wraps around the olecranon. The pain was rated 4 out of 10 least and 5 out of 10 worst. The left shoulder and cervical neck pain was described as an aching pain over the anterior and superior aspect of the shoulder. There was radiation of pain down the deltoid insertion, medially into the supraspinatus fossa to the CT junction and paravertebral musculatures to the medial scapular border to the distal inferior scapula with significantly limited motion of the shoulder. The physical exam of the left shoulder noted moderate tenderness in the bicipital groove and lateral tuberosity. There was decreased range of motion in all planes. The left elbow had tenderness over then medial epicondyle greater medially with moderately positive cubital Tinel's.

The left forearm there was soft tissue induration and swelling measuring 5 times 4 cm with tenderness. The left wrist was positive for Finkelstein's testing with slight tenderness in the dorsal aspect and moderate in the mid volar aspect. The left hand was markedly cool with markedly increased sweat pattern. The Carpal, Guyon's canal and Tinel's testing were all positive. According to the treating physician the injured worker needed ongoing care, which include medications the injured worker was being denied. According to the progress note of May 28, 2015; the pain levels were cervical spine was 3 out of 10 least and 5 out of 10 worst, left shoulder was 3 out of 10 least and 5 out of 10 worst, left hand was 3 out of 10 least and 5 out of 10 worst and the left forearm was 2 out of 10 least and 5 out of 10 worst with pain medications. The injured worker previously received the following treatments of Norco 10-325mg 4 times daily since November 25, 2014; Cymbalta, Naproxen, Prilosec, Sonata, Amitriptyline, TENS (transcutaneous electrical nerve stimulator) unit, gentle stretching exercises of the left elbow. The UR (utilization review board) denied certification on November 2, 2015; for a prescription of [REDACTED] Norco 10-325mg 1 tablet every six hours as needed #120 with a non-child proof lid, do not exceed 4 tablets daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] Norco 10/325mg #120 non-child proof lid: Overturned

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

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

Decision rationale: The MTUS guidelines recommend a ceiling of 120 MED (morphine equivalent dosage) and the current MED is 40, which is below the recommended ceiling of 120 MED. The MTUS guidelines also state that opioids may be continued if there is improvement in pain and function. The medical records note efficacy with the utilization of Norco. There is also no evidence of abuse or diversion. [REDACTED] is noted to be a generic brand of hydrocodone/apap. Further requests for opioids should be accompanied by documentation of efficacy and opioid monitoring measures. The request for [REDACTED] Norco 10/325mg #120 non-child proof lid is medically necessary and appropriate.