

Case Number:	CM15-0030675		
Date Assigned:	02/24/2015	Date of Injury:	01/09/2013
Decision Date:	04/06/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/18/2015

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 42 year old female, who sustained an industrial injury on 1/9/2013. The diagnoses have included right shoulder impingement syndrome, right lateral epicondylitis and chronic right C8-T1 radiculopathy. Treatment to date has included right shoulder arthroscopy with glenohumeral debridement and subacromial decompression, physical therapy and medication. According to the progress report dated 1/16/2015, the injured worker complained of neck pain rated 2-3 on the visual analog scale (VAS) scale with medication, which increased to 5/10 without medication. She also complained of right shoulder pain rated 3/10 with medication and 8/10 without medication. The injured worker also complained of right elbow pain rated 3/10 with medication and 6/10 without medication. Current medications included Norco, Protonix and Fexmid. Physical exam revealed tenderness to palpation over the cervical spine and decreased range of motion. Exam of the shoulders revealed tenderness to palpation over the right anterior shoulder. Authorization was requested for Norco. On 1/27/2015, Utilization Review (UR) non-certified a request for Norco 10/325mg one by mouth every six hours #120. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 p.o. Q 6 hours #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80, 124, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-79.

Decision rationale: Guidelines recommend opiates for moderate to severe pain for short term use. Patients on opiates should be monitored for efficacy, side effects, improved functionality and signs of aberrant drug use. In this case, the patient has been on opiates long term and records do not document efficacy of pain relief, continued functional benefit or lack of adverse side effects. Thus the request for Norco 10/325 mg #120 is not medically necessary and appropriate.