MAXIMUS Federal Services

Case Number:	CM15-0030736		
Date Assigned:	02/24/2015	Date of Injury:	08/08/2010
Decision Date:	04/07/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/19/2015

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 53 year old female, who sustained an industrial injury on 08/08/2000. The diagnoses have included cervicobrachial syndrome, rotator cuff impingement tendonitis bilaterally, bicipital tenosynovitis, thoracic outlet syndrome, bilateral carpal tunnel syndrome, and status post bilateral carpal tunnel release. Noted treatments to date have included surgery and medications. Diagnostics to date have included MRI left shoulder on 03/06/2012 which showed post subacromial decompression and distal clavicular excision with widened acromioclavicular joint, mild supraspinatus tendinopathy with focal interstitial tear, and mild degenerative appearance of the labrum. In a progress note dated 12/19/2014, the injured worker presented with complaints of bilateral shoulder pain. The treating physician reported increasing the injured worker's Lyrica and prescribed Norco as needed for breakthrough pain. Utilization Review determination on 01/23/2015 modified the request for Norco 10/325mg #60 to Norco 10/325mg #45 citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

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

Decision rationale: Guidelines recommend opioids for short term treatment of pain. In this case, the patient's injury occurred in 2000. Guidelines recommend that reasonable alternatives be tried instead of using opioids chronically. In addition, patients on opioids should undergo monitoring for efficacy of pain control, occurrence of side effects, improvement in functionality, and signs of aberrant drug use. Such monitoring is lacking in the clinical documentation of this patient. Thus the request for Norco 10/325 mg #60 is not medically necessary and appropriate.