

Case Number:	CM15-0038932		
Date Assigned:	03/09/2015	Date of Injury:	05/12/2007
Decision Date:	04/10/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/02/2015

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
 Certification(s)/Specialty: Internal 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:

This 54-year-old male sustained an industrial injury on 6/12/07, with subsequent ongoing neck and right upper extremity pain. In a PR-2 dated 1/15/15, the injured worker complained of neck and right shoulder pain 4-8/10 on the visual analog scale and triggering in the right hand. The injured worker also reported ongoing respiratory symptoms and shortness of breath. Physical exam was remarkable for limited range of motion to the right shoulder and neck, right shoulder with spasms to the shoulder girdle area and trapezius, right wrist with triggering of the long finger and positive Phalen's and Tinel's signs and right elbow with positive Cozen's maneuver and Tinel's sign. Current diagnoses included right shoulder decompression, status post right carpal tunnel release, right trigger finger status post trigger release, chronic tendinitis of the right wrist, cervical sprain/strain with spondylosis, low back pain, laceration of the liver, renal laceration, possible chronic obstructive pulmonary disease and chronic hypertension. The treatment plan included continuing medications Norco 10/325 mg four times daily as needed and Mobic 15mg daily

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP Tab 10/325mg #108: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97.

Decision rationale: The documentation indicates the enrollee has been treated with opioid therapy with Norco 10/325 for pain control. Per California MTUS Guidelines, short-acting opioids such as Norco are seen as an effective method in controlling chronic pain. They are often used with long-acting opioids for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of short acting opioid medications. The patient should be weaned for opiate therapy according to the established protocol. Medical necessity for Norco 10/325 has not been established. The requested treatment is not medically necessary.