

Case Number:	CM15-0058375		
Date Assigned:	04/03/2015	Date of Injury:	09/15/2013
Decision Date:	05/05/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	03/27/2015

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, Illinois

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 76 year old female, who sustained an industrial injury on 09/15/2013. The injured worker was diagnosed as having right shoulder impingement syndrome, AC arthropathy, shoulder pain, right elbow lateral epicondylitis and radial tunnel syndrome. Treatment to date has included cortisone injections and medications. According to a recent progress report dated 03/09/2015, the injured worker was seen for her right shoulder and elbow. She was taking Norco and Tylenol for pain. She reported that her shoulder was more painful than her elbow. She was given a prescription refill of Norco and advised to continue working full duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 09/15/2013. The medical records provided indicate the diagnosis of right shoulder impingement syndrome, AC arthropathy, shoulder pain, right elbow lateral epicondylitis and radial tunnel syndrome. Treatment to date has included cortisone injections and medications. The medical records provided for review do not indicate a medical necessity for. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate she has been using this medication for at least six months; she is working full duty; she is unable to take NAIDs due to gastrointestinal condition; there was no documentation of monitoring for pain control, adverse effects or aberrant behavior. Therefore the request is not medically necessary.