

Case Number:	CM14-0130908		
Date Assigned:	08/20/2014	Date of Injury:	11/19/2003
Decision Date:	09/24/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/15/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old female who reported an injury on 11/19/2003 due to cumulative trauma. Diagnoses were right shoulder acromioplasty; increased pain with aggressive participation of routine ADLs; left shoulder capsulitis with a subacromial impingement syndrome; left wrist capsulitis median nerve dysesthesias with a spinal cord stimulator placement; right shoulder capsulitis with subacromial impingement syndrome secondary to overcompensation of the left shoulder; cyst, larynx; carpal tunnel syndrome, right and left hands; left hand capsulitis with median nerve dysesthesia; epicondylitis, right-sided, severe. Past treatments were physical therapy, stellate ganglion block, shoulder injection, spinal cord stimulator. Diagnostic studies were MRI of the left shoulder, EMG, CT of the right shoulder, MRI of the cervical spine. Past surgeries were left shoulder subacromial decompression and cuff debridement and spinal cord stimulator placement. Physical examination on 07/18/2014 revealed complaints of shoulder pain. The pain was rated a 6 on a scale of 1 to 10. Pain was described as aching, burning, intermittent, radiating, sharp. The injured worker indicated work worsens condition, and typing or writing. Examination revealed right shoulder abductors, muscle strength was 3/5. Left shoulder abductors muscle strength was 4+/5. Physical exam revealed tenderness to palpation of the right lateral epicondyle with full range of motion of the elbow with flexion, extension, supination, and pronation. The right shoulder exam revealed tenderness to palpation along the trapezius muscle. There was a positive Speeds test. Medications were Cymbalta, Lyrica, Norco, verapamil. Treatment plan was to continue medications as directed. Also, to request an EMG/nerve conduction study. A request was to submitted for wrist brace for bilateral wrist. The rationale was not submitted. The Request for Authorization was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco; Ongoing Management Page(s): 75; 78.

Decision rationale: The request for Norco 5/325 quantity 120 is non-certified. The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids, such as Norco, for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The 4 A's were not reported. Also, the request does indicate a frequency for the medication. Therefore, the request is non-certified.