

Case Number:	CM14-0147017		
Date Assigned:	09/15/2014	Date of Injury:	05/06/2008
Decision Date:	10/15/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/10/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 36 year old employee with date of injury of 5/6/2008. Medical records indicate the patient is undergoing treatment for depressive disorder, carpal tunnel syndrome, pain in elbow and wrist and cervical disc disorder. She is s/p two shoulder surgeries. Subjective complaints include pain in arm upon exertion. She does not report muscle aches, weakness, joint pain, back pain or swelling. Objective findings include posterior tenderness to bilateral elbow. She has tenderness to the 4th and 5th digits and weakness or 1st dorsal interosseous. She has a positive Tinel's and her carpal tunnel is tender. The contralateral elbow is non-tender. She has full AROM. Psoriasis is noted over bilateral arms. Treatment has consisted of Norco, cyclobenzaprine 10%/Gabapentin 10% Cream 30mg; Flurbiprofen 20% cream 30 gm and Tramadol 20% cream 30 gm. The utilization review determination was rendered on 9/5/2014 as not medically necessary of Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Norco

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic)

Decision rationale: The ODG does not recommend the use of opioids for neck pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the question for Norco 325/10mg is not medically necessary.