

Case Number:	CM14-0161031		
Date Assigned:	10/06/2014	Date of Injury:	05/17/2013
Decision Date:	10/31/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/01/2014

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 Occupational Medicine and is licensed to practice in California. 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:

There were 168 pages provided for this review. The application for independent medical review was signed on October 1, 2014. It was for Norco and Atarax. The date of injury was May 17, 2013. Per the records provided, the claimant is a 30-year-old female reportedly injured due to repetitive motion from cutting and loading fruit. There was a left shoulder strain. She was taking plates out of a box and carrying plates the whole day. She felt her left arm was becoming too tired and began to hurt. She was treated with a TENS unit which was helpful with pain control, physical therapy, a home exercise and medicines including Norco. As of September 5, she felt that the left arm was swollen. She also reported right shoulder pain and neck pain and some dyspepsia. There was no data in the file to support psychological issues or anxiety. Also there was also no mention of objective functional improvement with the opiate medicine. The four A's of opiate treatment are not well addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg 1 po q6h #120, with no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: In regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary per MTUS guideline review.

Atarax 25mg 1 po q6h #120, with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), the Official Disability Guidelines (ODG), as well as the National Library of Medicine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence. Physician Desk Reference, under Atarax or Hydroxyzine

Decision rationale: Per the PDR, this is a medicine used for anxiety, itching, nausea/vomiting, and insomnia. It is also known as Hydroxyzine. I did a search of the records for indications for the use of this medicine, without success. It can be used for anxiety, but is not a primary choice for that use. The request is not medically necessary.