

Case Number:	CM15-0010870		
Date Assigned:	01/28/2015	Date of Injury:	08/03/2012
Decision Date:	03/18/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/20/2015

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, Pulmonary Disease

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 52 year old female who sustained an industrial injury on 8/3/12. The injured worker reported symptoms in the right arm. The diagnoses included right trigger finger and right elbow ganglion excision. Treatments to date have included status post right lateral elbow ganglion excision and right 3rd trigger finger release on 4/3/14, Lidoderm patches, and physical therapy. A progress note from the treating provider dated 12/3/14 indicates the injured worker was with pain rated at "10/10 at night. Pain when lifting arm. Pain shoots from elbow to shoulder when lifting arm". On 1/7/15 Utilization Review non-certified the request for 80 tablets of Norco 10mg/325mg. The California Medical Treatment Utilization Schedule was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg/325mg # 80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: Norco is an opiate and the date of injury was 08/03/2012. MTUS guidelines note that for on-going opiate treatment there must be documentation of analgesia, improved functionality with respect to the activities of daily living or work, adverse effects and monitoring of drug seeking abnormal behavior. The documentation provided for review did not meet these criteria.