

Case Number:	CM15-0015475		
Date Assigned:	02/03/2015	Date of Injury:	07/01/2012
Decision Date:	03/27/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/27/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male, who sustained an industrial injury on 12/08/2011. The diagnoses have included shoulder and wrist tendinitis/bursitis. Treatments to date have included removal of right middle finger surgery, postoperative physical therapy, and medications. Diagnostics to date have included left shoulder MRI Arthrogram which revealed acromioclavicular osteoarthritis. In a progress note dated 12/16/2014, the injured worker presented with complaints of pain in finger, right 3rd digit. The treating physician reported a reduction in analgesia at least 30-40% with use of narcotics. Utilization Review determination on 01/05/2015 modified the request for Norco 5/325mg #60 with 5 refills to Norco 5/325mg #11 with 0 refills citing Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 5/325mg #60 with 5 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-88.

Decision rationale: The patient presents with removal of the right middle finger and left shoulder pain. The current request is for 1 prescription of Norco 5/325mg #60 with 5 refills. The treating physician states, "Reduction in analgesia at least 30-40%. The patient notes improved functional capacity with activities of daily living, self-grooming, and chores around the house. There are no significant reported adverse side effects. Upon questioning the patient, there is no suspicion of any aberrant behaviors." (6B) The MTUS guidelines state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment." In this case, the treating physician has documented all 4As and had complied with the MTUS guidelines and recommendations. The current request is medically necessary and the recommendation is for authorization.