

Case Number:	CM15-0114822		
Date Assigned:	06/23/2015	Date of Injury:	01/18/2009
Decision Date:	07/24/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/15/2015

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: Pediatrics, Internal Medicine

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 56 year old male injured worker suffered an industrial injury on 1/18/2009. The diagnoses included right and left shoulder impingement syndrome, bilateral carpal tunnel syndrome and fusion of the right middle finger. The injured worker had been treated with medications. The pain was rated 2 to 4/10 with medications and 7 to 8/10 without the medications. He reported improvement with activities of daily living as well as increased ability to grip, lift and reach with the medications. On 5/8/2015 the treating provider reported shoulder pain that radiated to the upper back and bilateral wrist and right middle finger pain. On exam there was reduced range of motion to both shoulders along with tenderness. There was also tenderness of the right wrist and long finger of the right hand. The treatment plan included Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing review and documentation of pain relief Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-84, 89, 90.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines for Opioids stated the records need to include evidence of functional improvement by reductions in dependency on medical care, significant improvement in activities of daily living or reductions in work restrictions as measured by history and physical exam. The records need to contain pain level assessments including current pain level, 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. The records did provide evidence of pain reductions with and without medications; however it did not specify how long it takes for pain relief; and how long pain relief lasts and therefore was incomplete. The medical records provided did not include evidence of functional improvement and no reports of urine drug testing and evaluation. The request is not medically necessary.