

Case Number:	CM15-0175532		
Date Assigned:	09/16/2015	Date of Injury:	01/12/2013
Decision Date:	10/23/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/07/2015

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
 Certification(s)/Specialty: Family Practice

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 35-year-old female who sustained an industrial injury on 1-12-13. The injured worker reported pain in the lower back, right shoulder and bilateral wrists. A review of the medical records indicates that the injured worker is undergoing treatments for chronic lumbar back pain, chronic right leg radicular symptoms, chronic right upper extremity radicular symptoms, chronic right wrist pain status post right carpal tunnel surgery, chronic left wrist pain with left carpal tunnel syndrome. Provider documentation dated 7-7-15 noted the work status as modified duty. Treatment has included Lexapro since at least February of 2015, Norco since at least February of 2015, wrist splint, cortisone injection, MR arthrogram (9-10-13), and status post right carpal tunnel surgery (2-4-15), magnetic resonance imaging (6-17-13), Lidoderm patches since at least February of 2015, Gabapentin since at least February of 2015. Objective findings dated 7-7-15 were notable for decreased right shoulder range of motion, tenderness to palpation to the paralumbar, and sacroiliac, bilateral trochanteric and right wrist greater than left. The original utilization review (8-12-15) denied a request for Norco 5-325 milligrams quantity of 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dosing.

Decision rationale: Per the MTUS guidelines, opioids may be continued for chronic non-malignant pain if there is improvement in pain and function. In this case, the injured worker is followed for chronic pain and the medical records note that the injured worker is working. In addition, per the MTUS guidelines, the ceiling of morphine equivalent dosage is 120, and the current morphine equivalent dosage of 20 without evidence of abuse or diversion. The request for Norco 5/325mg #120 is medically necessary and appropriate.