

Case Number:	CM15-0179468		
Date Assigned:	09/21/2015	Date of Injury:	01/15/1997
Decision Date:	10/26/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/11/2015

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: Preventive Medicine, Occupational 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 injured worker is a 57-year-old male who sustained an industrial injury on January 15, 1997. Diagnoses have included post traumatic head injury and dental trauma, rotator cuff tendinosis of the right shoulder, status post right wrist fracture, carpal tunnel release, and right thumb sprain or strain. Documented treatment includes dental reconstruction noted to have "failed," and medication including Norco, Klonopin for muscle spasm and anxiety secondary to head trauma, Naproxen, and Prilosec. August 24, 2015 report states medication regiment provides the injured worker "functional improvement" and the July 15, 2015 note states it improves his ability to perform activities of daily living, while reducing pain levels from 8-9 out of 10 to a 4-5 out of 10. A urine drug screen performed July 15, 2015 is stated to have been consistent with Klonopin and Xanax; and, inconsistent with Norco. He has a signed opioid agreement. The injured worker continues to report pain in his low back and bilateral feet both aggravated with prolonged walking and standing. He also has right wrist pain which becomes worse with gripping and grasping; and, on July 15, 2015 the physician's progress report states he has had occasional shooting pain down both legs, but "at different times." Examination on August 24, 2015 revealed bilateral shoulder tenderness and range of motion to be reduced from stated "normal" with flexion being 145 degrees on the right and 160 on the left; abduction 150 degrees right and 160 left; internal rotation 45 on the right and 60 on the left; and, external rotation 70 degrees right and 80 degrees left. He had tenderness around the dorsum of the right wrist and at the carpometacarpal joint of the right thumb. The treating physician's plan of care includes a refill of Norco which was non-certified on August 31, 2015. The injured worker has not been working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg dosage/frequency not specified #120 with 0 refills, submitted diagnoses post traumatic head injury and dental trauma, right shoulder rotator cuff tendinosis, s/p right wrist fracture, s/p right carpal tunnel release, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, pg 127.

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

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, a recent urine drug screen was not consistent for the use of prescribed Norco but was positive for illicit drugs. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. In light of the inconsistent urine drug screen indicating non-compliance, the request for Norco 10/325mg dosage/frequency not specified #120 with 0 refills, submitted diagnoses post traumatic head injury and dental trauma, right shoulder rotator cuff tendinosis, s/p right wrist fracture, s/p right carpal tunnel release, as an outpatient is not medically necessary.