

Case Number:	CM15-0038090		
Date Assigned:	04/21/2015	Date of Injury:	06/09/2014
Decision Date:	05/21/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/27/2015

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

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 33-year-old female who sustained an industrial injury on 06/09/2014. Diagnoses include acute flagrant reflex sympathetic dystrophy left upper extremity with non-function of left palm and hand, crushing trauma-left hand, laceration of left palm, contracture left hand, left elbow strain/sprain, left shoulder strain/sprain-adhesive capsulitis shoulder hand syndrome, cervical spine strain/sprain, thoracolumbar sprain/strain, overload pain right arm, jaw pain, anxiety and depression and insomnia. Treatment to date has included diagnostic studies, medications, and physical therapy. A physician progress note dated 02/13/2015 documents the injured worker has pain in her jaw, neck, both shoulders, right wrist, left hand, fingers and low back. On examination, she has swelling of the left side of the jaw; however, she can open her mouth normally. Her cervical spine has tenderness to palpation at the sub-occipital region as well as over both scalene and trapezius muscles. Range of motion is restricted. Cervical distraction and cervical compression is positive on the right and left. She has tenderness at the delta-pectoral groove and at the insertion of the supraspinatus muscle as well as at the back of the shoulders. Range of motion of the right wrist is decreased, and there is tenderness to palpation over the carpal bones and over the thenar eminence. The left hand shows flexion deformity of the fingers. There is tenderness to palpation in the palm of the hand. Sensation to pinprick and light touch is decreased over the C5, C6, C7, C8, and T1 dermatomes in the bilateral upper extremities. Lumbar spine range of motion is restricted. Straight leg raise is positive at 50 degrees in both the right and left. The treatment plan is for medications, x rays, Transcutaneous Electrical Nerve Stimulation Unit, physical therapy, acupuncture, shockwave therapy, Functional Capacity

Evaluation, referral to a dentist, internal medicine specialist, and orthopedic surgeon, Magnetic Resonance Imaging Electromyography and Nerve Conduction Velocity, and localized Intense Neurostimulator Therapy. Treatment requested is for Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The injured worker is a 33-year-old female who sustained an industrial injury on 06/09/2014. Diagnoses include acute flagrant reflex sympathetic dystrophy left upper extremity with non-function of left palm and hand, crushing trauma-left hand, laceration of left palm, contracture left hand, left elbow strain/sprain, left shoulder strain/sprain-adhesive capsulitis shoulder hand syndrome, cervical spine strain/sprain, thoracolumbar sprain/strain, overload pain right arm, jaw pain, anxiety and depression and insomnia. Treatment to date has included diagnostic studies, medications, and physical therapy. A physician progress note dated 02/13/2015 documents the injured worker has pain in her jaw, neck, both shoulders, right wrist, left hand, fingers and low back. On examination, she has swelling of the left side of the jaw; however, she can open her mouth normally. Her cervical spine has tenderness to palpation at the sub-occipital region as well as over both scalene and trapezius muscles. Range of motion is restricted. Cervical distraction and cervical compression is positive on the right and left. She has tenderness at the delta-pectoral groove and at the insertion of the supraspinatus muscle as well as at the back of the shoulders. Range of motion of the right wrist is decreased, and there is tenderness to palpation over the carpal bones and over the thenar eminence. The left hand shows flexion deformity of the fingers. There is tenderness to palpation in the palm of the hand. Sensation to pinprick and light touch is decreased over the C5, C6, C7, C8, and T1 dermatomes in the bilateral upper extremities. Lumbar spine range of motion is restricted. Straight leg raise is positive at 50 degrees in both the right and left. The treatment plan is for medications, x rays, Transcutaneous Electrical Nerve Stimulation Unit, physical therapy, acupuncture, shockwave therapy, Functional Capacity Evaluation, referral to a dentist, internal medicine specialist, and orthopedic surgeon, Magnetic Resonance Imaging Electromyography and Nerve Conduction Velocity, and localized Intense Neurostimulator Therapy. Treatment requested is for Norco 10/325mg #120.