

Case Number:	CM15-0067811		
Date Assigned:	04/15/2015	Date of Injury:	05/10/2007
Decision Date:	05/14/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/09/2015

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: Emergency 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 42 year old female, who sustained an industrial injury on May 10, 2007. She reported a repetitive trauma work related injury. The injured worker was diagnosed as having cervical radiculopathy, wrist joint pain, and de Quervain's tenosynovitis. Treatment to date has included medication. Currently, the injured worker complains of neck and right upper extremity/wrist pain. The Treating Physician's report dated February 19, 2015, noted the injured worker reported her pain medications provided 50-60% pain relief and allowed her full functionality so that she was able to work full time. Physical examination was noted to show a cyst that was palpated on the volar radial aspect of the right hand. The treatment plan was noted to include prescriptions for Norco and Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 10/325mg #180 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck and right upper extremity/wrist pain. The Treating Physician's report dated February 19, 2015, noted the injured worker reported her pain medications provided 50-60% pain relief and allowed her full functionality so that she was able to work full time. The treating physician has documented a cyst that was palpated on the volar radial aspect of the right hand. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #180 is not medically necessary.