

Case Number:	CM13-0048371		
Date Assigned:	02/03/2014	Date of Injury:	10/08/2012
Decision Date:	06/10/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/05/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an employee of [REDACTED] and has submitted a claim for herniated nucleus pulposis L4-5 with left radiculopathy, DeQuervain's Syndrome and sprain of right thumb associated with an industrial injury date of 10/08/2012. Treatment to date has included chiropractic care, physical therapy, right wrist splint, and medications including Norco, Anaprox, Prilosec, Amitriptyline and Terocin lotion. Utilization review from 11/05/2013 modified the request for Norco 10/325 #120 into Norco 10/325 #60 to allow for the possibility of weaning as per guidelines. In addition, there was no noted information regarding function, decrease in pain, relief of pain and rating of pain. Medical records from 2012 to 2013 were reviewed showing that patient has been complaining of chronic neck, lower back, right wrist and right thumb pain aggravated by lifting and twisting motions. She stated that she wears splint all the time and exercised daily. Physical examination showed tenderness at right thumb extensor tendons. There was no noted instability. Phalen's and Finkelstein's tests were positive at the right. Note was handwritten and somewhat illegible. Objective findings written on 06/27/2013 showed tenderness at the lower thoracic paravertebral muscles and paralumbar muscles from L3 to S1. Range of motion of cervical spine was 20 degrees towards flexion, 10 degrees towards extension with pain, 10 degrees towards lateral flexion, bilaterally; and 40 degrees towards rotation, bilaterally. Range of motion of lumbar spine was 30 degrees towards flexion with pain, 5 degrees at lateral flexion bilaterally, and 10 degrees towards rotation bilaterally. There was slight weakness of the extensor hallucis longus on the left side. Deep tendon reflexes were equal and symmetric. There was decreased sensation to light touch at the lateral calf and plantar lateral aspect of the left foot. She had positive straight and supine leg raising on the left at 60 degrees, with pain referred to the midline of the lower back. The most recent urine drug screening was

dated 08/30/2013 showing presence of amitriptyline/nortriptyline and cyclobenzaprine that were stated as not prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NORCO 10/325MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the earliest progress report state that the patient's use of Norco was written on 11/15/2012. The medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325mg, #120 is not medically necessary and appropriate.