

Case Number:	CM13-0053674		
Date Assigned:	12/30/2013	Date of Injury:	07/08/2008
Decision Date:	03/12/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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:

This is a male patient with a date of injury of July 8, 2008. An utilization review determination dated November 4, 2013 recommends non-certification of Norco. A progress note dated January 7, 2014 include subjective complaints of bilateral upper extremity pain rated as 7/10. The pain is constant and exacerbated by most movements. The note indicates that it is relieved by heat and medication. The note indicates that the medication provides 60-80% relief. Functional tolerances include 15-20 minutes of standing, walking, and sitting. Physical examination identifies reduced muscle strength in the left upper extremity, and reduced sensation in the left thumb and digits 1 through 4. The diagnoses include de Quervain's tenosynovitis, reflex sympathetic dystrophy, tenosynovitis of the hand and wrist, myofascial pain, and wrist sprain. A report dated December 23, 2013 indicates that on October 21, 2013 a CURES report of the past 6 months showed no unexpected activity. A urine drug screen performed on June 20, 2013 was positive for nortriptyline and hydrocodone. A progress report dated December 23, 2013 states, "there is frankly no true evidence that anything in the way of medication is efficacious or working in a positive way. I know this sounds a little harsh, but why are there so many medications being prescribed? To what extent are they working in a positive or efficacious fashion?"

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #150: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for Norco, The California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. The guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it is acknowledged that the requesting physician has indicated that the medication provides 60-80% relief. It is unclear how this is possible when the patient's pain score is rated at 7/10. Additionally, it is unclear exactly what specific objective functional improvement has been obtained as a result of the currently prescribed opiate pain medication. In the absence of clarity regarding those issues, the currently requested Norco is not medically necessary.