

Case Number:	CM13-0055817		
Date Assigned:	12/30/2013	Date of Injury:	04/21/2004
Decision Date:	09/05/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 injured worker is a 40-year-old female who suffered industrial injuries on April 21, 2004 while under the emp[REDACTED]. She has a history of bilateral carpal tunnel release surgeries. She is diagnosed with bilateral shoulder tendonitis, carpal tunnel syndrome, and de Quervain's tenosynovitis. She was evaluated on August 23, 2012 for complaints of right shoulder pain. She indicated she does not wish to undergo surgical treatment for her shoulder at that time. In addition to her right shoulder complaints, the injured work complained of burning over the proximal palm of her left hand, persistent bilateral elbow pain, and gastrointestinal distress. A right hand examination revealed slight impairment to sensation in the right thumb. Left hand examination revealed minimal numbness in the thumb, index, and long fingers. She utilizes Norco and a Lidoderm patch for pain, and occasionally takes Neurontin for neuropathic pain involving her left carpal tunnel syndrome. She was evaluated again on October 21, 2013 wherein she reported shoulder pain and an inability to raise her arms to a fully elevated position. She also complained of left palm pain, which has been tender since the time of her operation. The injured worker was prescribed Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325 #40 WITH ONE REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78,91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use; Opioids For Chronic Pain; Opioids, Long-Term Assessment; Opioids, Specific Drug List Page(s): 76-80; 80-82; 88-89; 91-92.

Decision rationale: The medical records received for this case has limited information to support the continued use of Norco (Hydrocodone/APAP). There is no documentation of pain and functional improvement to allow comparison to baseline data in order to substantiate further medication utility as per California Medical Treatment Utilization Schedule Medical Treatment Guidelines. In addition, there was no available information indicating urine drug screens performed to document medication compliance. Evaluation reports available indicates that the injured worker presented complaints of on-going gastrointestinal complaints secondary to medication use. Therefore, medical necessity of the requested Hydrocodone/APAP 10/325 mg #40 with one refill is not medically necessary at this time.