

Case Number:	CM13-0059602		
Date Assigned:	12/30/2013	Date of Injury:	09/25/2008
Decision Date:	03/20/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	11/03/2013

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 & Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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:

The patient is a 44-year-old male who reported an injury on 09/25/2008, after a ditch collapsed on the patient. He reportedly sustained injuries to his head, neck, and left wrist. The patient ultimately underwent bilateral carpal tunnel release surgery and de Quervain surgery. The patient developed chronic pain that was managed with physical therapy and medications. The patient's most recent clinical evaluation revealed a bilateral positive Tinel's sign, a bilateral positive Durkan compression test, a bilateral Phalen's test, and a bilateral Finkelstein test with tenderness to palpation of the dorsal first compartment bilaterally. The patient's diagnoses included status post bilateral carpal tunnel releases, status post bilateral de Quervain's releases, cervical radiculopathy, cervical discogenic disease, cervical spinal facet arthropathy. The patient's treatment plan included completion of physical therapy, use of immobilization splints, continued medication, C5-7 facet blocks bilaterally, and additional bilateral carpal tunnel releases.

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 Page(s): 81.

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

Decision rationale: The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. The California Medical Treatment Utilization Schedule recommends the continued use of opioids be supported by documentation of a quantitative assessment of symptom relief, documentation of functional benefit, managed side effects, and evidence of compliance to a prescribed medication schedule. The clinical documentation submitted for review fails to provide any evidence to support the efficacy of this medication. There is no quantitative assessment, documentation of functional benefit, or any evidence that the patient is monitored for aberrant behavior. As such, the requested Norco 10/325 mg #80 is not medically necessary or appropriate.