

Case Number:	CM13-0059656		
Date Assigned:	06/09/2014	Date of Injury:	09/30/2002
Decision Date:	07/14/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	12/02/2013

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 Occupational Medicine 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 a 59-year-old male who has submitted a claim for bilateral hand pain, associated with an industrial injury date of September 30, 2002. Medical records from 2014 were reviewed. The sole progress report, dated 01/22/2014, showed constant and hot burning quality of right hand pain with dysesthesia on the ulnar distribution. The pain was 10/10 without medications and 8/10 with medications. The left hand was numb with burning quality of pain in the ulnar distribution. There was pain radiating to the left elbow described as "electric shock" symptoms. Physical examination revealed severe tenderness of bilateral hands. Grasp of both hands were 5/5. There was decreased light touch sensation on both medial hands without wasting of thenar and hypothenar eminence. Tenderness was noted on left elbow. Treatment to date has included unspecified date of bilateral carpal tunnel surgery and medications which include unspecified duration of Norco. Utilization review from 12/02/2013 denied the request for the purchase of Norco 10/325mg 1 tab PO, GID prn for pain #120, refills 2 because there was no documented objective pain relief and functional improvement to warrant continuation of the prescribed medication. There was no indication that appropriate drug monitoring had been regularly performed to determine the patient's compliance to his drug regimen. A plan to taper the opioid was likewise not noted in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG 1 TAB ORALLY, GID PRN FOR PAIN 120 TABLETS, REFILLS 2:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

Decision rationale: According to pages 79-81 of the California Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the medical reviews of the patient revealed that the patient did not specify the duration of Norco intake. The sole progress report stated that there was improvement of pain with medication and good objective functional gains. However, there was no baseline progress report for comparison. Additionally, medical records have no documentation of appropriate drug monitoring performed to determine the patient's compliance to the drug regimen; hence, the medical necessity was not established. Therefore, the request for the purchase of Norco 10/325mg 1 tab PO, QID prn for pain #120, refills 2 is not medically necessary.