

Case Number:	CM14-0101547		
Date Assigned:	09/16/2014	Date of Injury:	02/03/1998
Decision Date:	10/20/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine and Rehabilitation 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 62 year old female who was injured on 2/3/1998. The mechanism of injury is unknown. The patient's medication history included Norco, Voltaren gel, Prilosec and Ambien. Urine toxicology report dated 10/11/2013 indicated hydrocodone and hydromorphone is positive. Progress report dated 5/21/2014 indicates the patient continued to experience chronic right elbow pain and bilateral wrist pain. The wrist pain is worse than the elbow pain and has associated numbness and weakness in her hands. She also complained of pain to her right middle finger and the finger remains in the flexed position. Three days ago, she developed a flare up of left wrist pain after she did sweeping. The pain is mildly improving. She rated her pain 8/10 on the visual analog scale. Objective findings during examination revealed the patient's gait is normal and patient appears to be in mild to moderate discomfort. Cervical range of motion is limited in all planes and there is mild tenderness over the left cervical paraspinals. There is tenderness to palpation to lateral and medial aspect of wrist with swelling noted. She has swelling and tenderness noted over metacarpals of left hand and diminished grip strength in the left hand at 3+/5 compared to the right which is 4+/5; Digits #4 and #5 of the left hand remain in flexion. There is swelling and tenderness to PIP joint of 3rd digit right hand and sensation to light touch is intact bilaterally. The patient was diagnosed with left elbow ulnar neuritis, bilateral carpal tunnel syndrome, status post multiple surgical release, cervical radiculopathy, and chronic neck pain. The patient was recommended Norco 5/325 mg #60, refills x1 and naprosyn 500 mg #60. Prior utilization review dated June 5th 2014 indicated the request for Norco 5/325 mg #60, Refills x1 is modified to certify Norco 5/325 mg #39, Refills 0 to allow for weaning; request for Naprosyn 500 mg #60 is certified as the medical necessity has been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #60, Refills x1: 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): 74-97.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. The urine drug test was positive for hydromorphone and Hydrocodone. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.