

Case Number:	CM14-0115314		
Date Assigned:	08/04/2014	Date of Injury:	07/30/2004
Decision Date:	09/24/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/23/2014

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 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 45-year-old female who has submitted a claim for right wrist pain following carpal tunnel release, left wrist pain following carpal tunnel release and long trigger digit release and left small trigger finger release, bilateral knee arthrosis, right ulnar neuropathy, right thumb trigger finger release, associated with an industrial injury date of July 30, 2004. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 06/18/2014, showed persistent bilateral upper extremity pain. The symptoms were increasing, especially with repetitive activities and forceful gripping. There was stabbing pain in the left shoulder and elbows, with numbness in her hands. There was pins and needles sensation in her lower back. There was persistent left knee pain. The pain in her shoulder, elbow and back pain was 6/10 and left knee pain at 7/10. Physical examination revealed tenderness about the thenar eminence with mild swelling of the right wrist. Finkelstein, Phalen's and Tinel's were negative. There was restricted range of motion of the right wrist with no sensory deficits or muscle weakness. Treatment to date has included left carpal tunnel release and left thumb trigger finger release (2005), right carpal tunnel release (2005), left small trigger finger release (2006), chiropractic therapy, physical therapy and medications such as Norco since October 2006. Utilization review from 07/10/2014 modified the request for the purchase of Norco 10/325mg #90 to Norco 10/325mg #36 with reason not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA 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, patient has been on Norco as early as October 2006. The recent progress report revealed that Norco helped her with the pain. However, there was no documentation of improvement of functional activities. Furthermore, a previous utilization review, dated 04/22/2014, approved for the weaning process of Norco. The medication should have been weaned at this point in time and continuation of it was unnecessary. MTUS Guidelines require strict compliance for ongoing management. Therefore, the request for Norco 10/325mg #90 is not medically necessary.