

Case Number:	CM14-0118677		
Date Assigned:	08/08/2014	Date of Injury:	09/23/2008
Decision Date:	10/01/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/28/2014

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 claimant was injured on 09/23/08 due to cumulative trauma. Norco is under review. The claimant was diagnosed with right carpal tunnel syndrome. On 06/12/14, EMG/NCV showed right median sensory neuropathy at the wrist. The claimant complained of pain to the neck, shoulders, elbows, and wrists. He had tenderness of the cervical spine and upper extremities with decreased right arm sensation. He had previously used Norco. He saw [REDACTED] on 04/08/14. He had headaches, pain in both shoulders, wrists, elbows, and knees and difficulty sleeping. He had decreased range of motion of the shoulders with diffuse tenderness. The notes are largely illegible. He was to continue Norco 5/325 and TENS unit electrodes were ordered. He was permanent and stationary. On 06/25/14, he was seen again. Another provider had prescribed gabapentin which was denied. He still had pain and tenderness. An MRI of the cervical spine and additional Norco were ordered. Reportedly there was electrodiagnostic evidence of cervical radiculopathy, probably at C5-6. As a result, an MRI of the cervical spine was ordered. The claimant had diffuse tenderness and biceps jerk was sluggish on the right side. He had diffuse decreased sensation in the right arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain and 4 A's Page(s): 110.

Decision rationale: The history and documentation do not objectively support the request for Norco, dose and quantity unknown. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is also no indication that periodic monitoring of the claimant's response to this medication, other than that he has received it, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that the claimant has been involved in an ongoing rehab program to help maintain any benefits he receives from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. As such, the medical necessity of the ongoing use of Norco, dose and quantity unknown, has not been clearly demonstrated.