

Case Number:	CM14-0119007		
Date Assigned:	08/06/2014	Date of Injury:	07/20/2009
Decision Date:	09/16/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/29/2014

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 Texas. 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 injured worker is a 25 year-old male who sustained an industrial injury on 07/20/2009. The listed primary diagnosis is right wrist/hand pain. A prior peer review report dated 07/11/2014 non-certified the request of Norco 10/325 mg #120; the medical necessity for continued use was not established. A 06/26/2014 report was reviewed. Per the report, the patient complains of right wrist pain and hand tingling, rated as 2/10 with medications and 8/10 without medication. A 05/21/2014 urine drug screen (UDS) was negative for Norco as the patient stated he was not taking the medication due to a GI bleed. Exam showed restricted right wrist ROM, positive Tinel sign, positive right wrist tenderness, and thumb MCP swelling. There was no documented objective evidence of functional improvement with usage. Additionally, the UDS was negative for Norco as the patient was not taking the medication due to a GI bleed. According to the note dated 03/05/2014, the patient presented for routine follow-up for right upper extremity pain. Current medications are Norco 10/325 mg 3-4 times per day as needed and Dendracin lotion applied 2-3 times per day, and Celebrex 200 mg once daily as needed. Procedure: 11/20/2009 right wrist carpal tunnel release with flexo tenosynovectomy and soft tissue mass excision, deep. The EMG/NCV studies of the right upper extremity on 02/29/2012 and 07/14/2010 were normal studies. Physical examination documents resisted right wrist ROM due to pain, positive Tinel's, tenderness and hypersensitivity to palpation, no muscle atrophy, swelling over the thumb MCP joint, 5/5 motor strength, subjective decreased sensation from C5-T1 dermatomes on the right, 2/4 reflexes, and normal appearance of skin. Medications are refilled. He reports pain reduces from 8/10 to 1/10 with Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: 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): 75-94.

Decision rationale: According to the MTUS guidelines, Norco is indicated for moderate to moderately severe pain. Norco "opioid short acting" in chronic pain is recommended for short-term pain relief, the long-term efficacy is unclear (>16 weeks), but also appears limited. Long-term use of opioids for non-malignant pain is not generally recommended. The medical records indicate the patient has been maintained on Norco for a long time. Although the patient reports significant reduction in pain with Norco use, the medical records do not provide an objective evidence of any significant improvement in pain level and functional capacity. One criteria for ongoing chronic opioid use includes; documented pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. However, the medical records do not demonstrate return to work or improved function. The guidelines states opioids should be discontinued if there is no overall improvement in function. In the absence of objective evidence of significant improvement of pain and function, the request is not medically necessary according to the guidelines. Additionally, a 05/21/2014 UDS was negative for Norco. The patient discontinued the medication due to GI bleed. The medical records fail to establish ongoing use of Norco is appropriate and clinically indicated. Therefore, this request is not medically necessary.