MAXIMUS Federal Services

Case Number:	CM14-0134888		
Date Assigned:	08/29/2014	Date of Injury:	03/01/2009
Decision Date:	09/25/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/22/2014

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, has a subspecialty in Interventional Spine 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 49 year old male with date of injury 3/1/09. The treating physician report dated 8/4/14 indicates that the patient presents with chronic pain affecting the bilateral upper extremities with a feeling of different temperature sensations in the bilateral hands along the index fingers. The treating physician states that the patient has pain rated a 9-10/10 without the usage of Norco and the pain decreases to a 5/10 with medication usage. He notes that the patient is compliant, not a drug abuser and is taking the medication as directed. Medication usage allows the patient to do the dishes, vacuum, garden for 30 minutes and work on the computer for up to an hour. The physical examination findings reveal significant tenderness affecting the wrists and elbows, slight decrease in sensation along the right index finger and well healed surgical scars along the palmar wrists. The current diagnoses are: 1.Status post bilateral carpal tunnel releases2.Bilateral lateral epicondylitisThe utilization review report dated 8/12/14 modified the request for Norco 10/325 #100 2 refills to allow only one refill because the patient was scheduled to return to see the treating physician in 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long Term Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96, 88, 89.

Decision rationale: The patient presents with chronic bilateral arm pain primarily affecting the wrists and elbows. The current request is for Norco 10/325 #100 with 2 refills. The treating physician has documented that the patient has been stable with the usage of Norco since at least 11/21/13. MTUS recommends the usage of Norco for the treatment of moderate to moderately/severe pain and continued usage of the medication must be substantiated with proper documentation of the four A's(analgesia, ADL's, Adverse effects and Adverse behavior). In this case the treating physician has provided documentation that the patient has decreased pain with medication usage, improved ability to perform functional activities of daily living with medication usage and that the patient does not have any adverse effects or adverse behavior with Norco usage. The treating physician in previous reports has indicated that the patient return every 4 months for recheck. In the 8/4/14 report the treating physician prescribes three months of medication and recommended that the patient return in 2 months for recheck. The utilization review report dated 8/12/14 approved the prescribed medication for 2 months covering the patient until the next evaluation with the treating physician. My recommendation is for denial of the current request of Norco 10/325 #100 with 2 refills as the patient has already been authorized for a two month supply.