

Case Number:	CM14-0170616		
Date Assigned:	10/23/2014	Date of Injury:	01/18/2001
Decision Date:	11/21/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/15/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 has a history of a repetitive motion work-related injury with a date of injury of 01/18/01. She continues to be treated for bilateral carpal tunnel syndrome and right CMC arthritis. She underwent included bilateral carpal tunnel releases in 2001/2002. She was seen on 08/05/14. She was having intermittent pain with good and bad days. Physical examination findings included decreased grip strength with positive Tinel's testing. There was a positive CMC grind test. Recommendations included continued home exercises. Norco 7.5/325 mg #360 (45 day supply) was refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 7.5/325 MG 45 Days Qty: 360: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before A Therapeutic Trial of Opioids Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Opioids, dosing Page(s): 76 80 86.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic wrist and had pain with diagnoses including CMC

osteoarthritis. Medications including hydrocodone/acetaminophen at an average daily (MED) morphine equivalent dose of 60 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, the claimant is expected to have somewhat predictable activity related pain (i.e. incident pain) when using her hand due to CMC osteoarthritis. Norco (Hydrocodone/Ibuprofen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Her total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco is medically necessary.