

Case Number:	CM14-0192183		
Date Assigned:	11/25/2014	Date of Injury:	11/20/2000
Decision Date:	01/12/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/17/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of November 20, 2000. In a Utilization Review Report dated October 31, 2014, the claims administrator denied a request for gabapentin, Norco, and axillary nerve blocks under ultrasound guidance. The claims administrator stated that its decision was based on October 1, 2014 progress note. The claims administrator alluded to urine drug testing of October 1, 2014 suggesting that the applicant had tested positive for marijuana. The applicant's attorney subsequently appealed. In an IMR application dated November 11, 2014, the applicant's attorney indicated that he was specifically appealing the denial of Norco. The applicant was placed off of work, on a historical handwritten progress note dated December 14, 2004. In a progress note dated October 5, 2010, the applicant reported persistent complaints of hand and wrist pain. The applicant had been out of work for the preceding four years, it was acknowledged. The applicant reported constant, around the clock, 24 hours a day, seven days a week pain, 8/10, with associated right upper extremity paresthesias. The applicant was using a variety of medications, including hydrocodone, Norvasc, Lopressor, Zestril, Zocor, Allegra, and Neurontin. The applicant denied using medical marijuana as of this point in time. Drug testing performed at this date was positive for marijuana. The applicant presented requesting a prescription for Vicodin, it was incidentally noted. The applicant was apparently restarted on Vicodin and asked to employ the same in conjunction with adjuvant medications. On February 7, 2011, the applicant reported 6-8/10 pain complaints. The applicant was having difficulty performing physical activities, including usage of the affected hands. Neurontin and imipramine were refilled. The applicant was status post left and right carpal tunnel release surgery but wanted to pursue a left ulnar nerve release surgery, it was stated. The remainder of the file was surveyed. It did not appear that the progress notes made available to the

claims administrator, namely the October 1, 2014 progress note, were incorporated into the Independent Medical Review packet, which seemingly comprised of historical progress notes ranging between 2004 and 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90 no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids topic Page(s): 79 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the admittedly limited and somewhat dated progress notes on file suggested that the applicant was/is no longer working. The applicant, per the historical progress notes referenced above, was having difficulty performing activities of daily living basically as gripping and grasping, owing to ongoing hand pain complaints. The progress notes on file did not outline the presence of any material improvement in function achieved as a result of ongoing Norco usage. Page 79 of the MTUS Chronic Pain Medical Treatment Guidelines further suggests immediate discontinuation of opioids in applicants using illicit substances. Here, again the admittedly limited, somewhat dated information on file does suggest that the applicant was in fact concurrently using Norco/Vicodin, short-acting opioids, in conjunction with marijuana, an illicit substance. All of these foregoing, taken together, suggests that discontinuing Norco may be a more appropriate option than continuing the same, although it is acknowledged that the October 1, 2014 progress note seemingly made available to the claims administrator was not incorporated into the Independent Medical Review packet. The information which is on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.