

Case Number:	CM14-0020498		
Date Assigned:	04/30/2014	Date of Injury:	09/20/2011
Decision Date:	07/08/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/19/2014

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 Anesthesia 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 50 year old male injured worker with a date of injury 9/20/11 with related pain in the bilateral hands, wrists, and elbows, as well as constant neck pain with frequent headaches and bilateral shoulder pain. Per a 12/16/13 note, he had numbness and tingling into the fingers and hands with difficulty grasping and gripping. His diagnoses include lumbar sprain, cervical spine sprain/strain with bilateral upper extremity radiculopathy, stenosis L5-S1, bilateral shoulder sprain/strain, bilateral wrist sprain/strain and chronic pain syndrome. He is status post right carpal tunnel release and cubital release 3/2013, status post left carpal tunnel release and ulnar nerve transposition 5/2013. An EMG of the BUE dated 11/2/13 documented moderate bilateral median neuropathy as well as demyelinating and axonal type changes of the sensory and motor nerves with associated severe bilateral ulnar neuropathy at the elbows and wrists. He has been treated with occupational therapy. The date of UR decision was 2/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCO/APAP TAB 10/325MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: The MTUS Chronic Pain Guidelines regarding the on-going management of opioids states, "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal no documentation to support the medical necessity of Norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for review. It is unclear from the documentation whether this request represents a new trial or on-going use of opioids. The documentation submitted for review does not indicate that more conservative pain relievers such as NSAIDs have been trialed. The request is not medically necessary.