

Case Number:	CM14-0032519		
Date Assigned:	07/07/2014	Date of Injury:	07/31/2008
Decision Date:	08/12/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	03/14/2014

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 Geriatrics and is licensed to practice in New York. 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 47-year-old with a date of injury of July 31, 2008. She was seen by her pain medicine physician with complaints of upper extremity pain in her left arm, thumb and wrist aggravated by activity and reduced from 9/10 - 6/10 with medications. She reported functional improvement with pain medications and she was attempting to wean opiate usage. Her medications included naproxen, norco, senokot-S and gabapentin. Her physical exam showed tenderness at the left elbow with mild swelling. Her range of motion was reduced due to pain and her sensory exam showed decrease to touch sensation. Her grip strength was said to be zero on the left. An MRI from 3/11 showed a mild sprain of the ulnar collateral ligament at the first metacarpophalangeal joint. Her diagnoses included left elbow pain, wrist pain, chronic constipation, left wrist neuropathic pain and status post DeQuervain's release and decompression; status post left trigger thumb release x 2. At issue in this review are the prescriptions for norco and gabapentin. Length of prior therapy is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, seventy count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 74-80 Page(s): 74-80.

Decision rationale: This 47-year-old injured worker has chronic back pain with an injury sustained in 2008. The patient's medical course has included numerous diagnostic and treatment modalities including surgery and ongoing use of several medications including narcotics, NSAIDs and gabapentin. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 2/14 fails to document any significant improvement in pain (9/10 - 6/10), functional status or side effects to justify long-term use, though she has chronic constipation which may be opioid induced. The patient is also taking NSAIDs and gabapentin for pain. The request for Norco 10/325mg, seventy count is not medically necessary or appropriate.