

Case Number:	CM14-0037785		
Date Assigned:	09/10/2014	Date of Injury:	01/31/2009
Decision Date:	10/10/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/31/2014

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 Family 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:

This is a 39-year-old male with a 10/02/09 date of injury, when he sustained an injury to his right wrist and right elbow when an electric pallet-jack that he was operating crushed his right upper extremity into the trailer wall. The patient underwent right carpal tunnel release and right De Quatrain's release on 5/18/10. The progress report dated 6/5/12 indicated that the patient was using Norco 5/325 #60 1 tablet Q 4-6 hours or as needed for pain. The patient was seen on 4/8/14 with complaints of 7/10 neck pain and 7/10 right hand pain with numbness and tingling, 7/10 bilateral shoulder pain, 7/10 left elbow pain and 7/10 left hand pain. The patient also complained of anxiety, sleep difficulty and depression. Exam findings revealed positive Phalen's sign on the right and diminished light touch in the median nerve distribution on the right. The range of motion of the right hand was Extension/Flexion 55/45 and there was tenderness to palpation at the right medical wrist. The examination of the right shoulder revealed positive impingement test and muscle spasm at trapezius muscle. The patient was taking Prilosec, Anaprox and Norco 10/325 #60 1 tablet every 4-6 hours or as needed for pain. The diagnosis is carpal tunnel syndrome, lateral epicondylitis of the elbow. Treatment to date: work restrictions, physical therapy and mediations. An adverse determination was received on 3/19/14 given that there was a lack of documentation of pain assessment such as pain scores and measurable efficacy from prior use of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates
Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The progress notes indicated the patient was using Norco at least from 6/5/12. However, given the 2009 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. The progress report dated 4/8/14 indicated that the patient's pain was 7/10 despite the long-term use of Norco. In addition, it is not clear if the patient was recommended to wean off of Norco in the past and the recent urine drug screen test was not available for the review. Therefore, the request for Norco 10/325 mg # 60 was not medically necessary.