

Case Number:	CM14-0041853		
Date Assigned:	06/30/2014	Date of Injury:	07/13/2010
Decision Date:	08/14/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/07/2014

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 Arizona. 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 53 year old male with a date of injury on 7/13/2010. The patient has been treated for ongoing symptoms in the bilateral hands and shoulders, and is status post bilateral carpal tunnel, and cubital tunnel surgeries. Subjective complaints are of stiffness and increased pain in the left shoulder, and pain in the right wrist with numbness of the fingers. He also complained of difficulty with concentration and memory. Physical exam shows shoulder pain with movement, and decreased range of motion. The right hand has decreased sensation in the ring and little fingers. There is tenderness over the CMC joint of the right hand. Medications include Norco and Benadryl. Office records indicate that the patient believes that his memory and concentration problems are due to the Norco, and he had been counseled to decrease the Norco dose.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The Chronic Pain Guidelines have specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, the Norco appeared to be causing side effects of decreased concentration and memory. Additionally, there is no documentation of the opioid compliance criteria; including risk assessment, attempt at weaning, updated urine drug screen, and ongoing efficacy of medication. There is also no demonstrated improvement in pain or function from long-term use. Therefore, the request is not medically necessary.