

Case Number:	CM14-0048442		
Date Assigned:	07/02/2014	Date of Injury:	07/16/2001
Decision Date:	08/15/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/16/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 65-year-old man who sustained a work related injury on July 16, 2001. Subsequently, he developed chronic upper extremities pain. According to the progress report dated on March 19, 2014, the patient complained of depression, carpal and cubital tunnel symptoms, loss of hearing, vertigo, no hand strength bilaterally, pain in the wrists, elbows and shoulders, stress, anxiety, inability to sleep at night, and worsening symptoms in the hands, wrists, and elbows. Recent physical examination findings included: mild distress, decreased bilateral grip strength, tenderness in the hands, wrists, and elbows at the epicondyles, and bilaterally positive Tinel's and Phalen's tests. The patient was diagnosed with Carpal tunnel syndrome, ulnar nerve lesion, brachial neuritis, and gastritis with medication intake. The patient's treatment included: physical therapy, paraffin, Norco, Soma, Viagra, and prilosec. A review of records revealed a history of Prilosec use since April 2012. Records also showed a history of Norco use since December 2013. The provider reported that the patient have erectile dysfunction and was attributed to depression. The provider requested authorization to use Norco 10/325 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

Decision rationale: According to the California MTUS Guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to the California MTUS Guidelines, ongoing use of opioids should follow specific rules. Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Norco). In fact, as noted on the patient's records, the patient has history of Norco use since August 2013. Yet, the patient stated that he had worsening symptoms in the hands, wrists, and elbows in recent reporting. Therefore, the prescription of Norco 10/325 mg #120 is not medically necessary.