

Case Number:	CM14-0059971		
Date Assigned:	07/09/2014	Date of Injury:	08/03/2004
Decision Date:	08/21/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/30/2014

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 Occupational Medicine and is licensed to practice in Montana. 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 currently works in medical records and has a date of injury of 8/3/04. The mechanism of injury is not noted in the records provided. Her diagnoses have included bilateral lateral epicondylitis, rule out carpal tunnel syndrome and repetitive strain injury. Recent examination findings have shown tenderness to palpation in the bilateral hands and a positive Tinel sign on the right. The treatment note of 3/6/14 documents complaint of bilateral hand pain. Treatment thus far has included activity modification and medication. The only medications noted in the medical records are Norco (hydrocodone/acetaminophen) and ibuprofen. Electrodiagnostic testing was performed on 5/20/14, and did not validate a diagnosis of carpal tunnel syndrome. The medical records do not document efficacy and functional improvement related to her current medication regimen. There is no documentation of physical therapy or other conservative treatment modalities. The treating physician has requested Norco 10/325 mg, one every 4 hours, Quantity 168 and ibuprofen 600 mg, 4 times a day, Quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #168: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone Page(s): 76, 77, 78, 80.

Decision rationale: Norco is a combination medication including hydrocodone, an opioid analgesic, and acetaminophen. The MTUS notes that the maximum dose of hydrocodone is 60 mg in 24 hours. It states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. The medical records in this case do not document treatment with non-opioid analgesics, antidepressants, anticonvulsants, physical therapy or exercise. The diagnosis of carpal tunnel syndrome was not corroborated by electrodiagnostic findings. There has been no psychological assessment. At this time she is on the maximum dose of 60 mg in 24 hours. The records do not demonstrate any attempt to decrease the use of Norco over time and do not document functional improvement associated with its use. The request for Norco (hydrocodone/and acetaminophen) 10/325, one every 4 hours, Quantity 168, is not medically necessary.

Ibuprofen 600mg four times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal Anti-inflammatory Drugs Page(s): 67-68.

Decision rationale: Ibuprofen is a nonsteroidal anti-inflammatory drug (NSAID). The MTUS states that nonsteroidal anti-inflammatory medications are recommended at the lowest dose for the shortest period possible in patients with moderate to severe pain. Although NSAIDs are effective they can cause gastrointestinal irritation or ulceration. Studies also show that NSAID use for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and may cause hypertension. Regarding neuropathic pain, the guidelines note inconsistent evidence for the use of these medications to treat long-term neuropathic pain but they may be useful to treat breakthrough pain. Without documentation of functional improvement and considering the continuous use of this medication for years, the request for Ibuprofen 600 mg, 4 times daily, is not medically necessary.