

Case Number:	CM14-0060994		
Date Assigned:	07/09/2014	Date of Injury:	05/12/2011
Decision Date:	08/22/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/01/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas and Ohio. 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 53-year-old female who reported an injury on 05/12/2011 due to repetitive stress injury to the arms. The injured worker had a history of numbness and tingling to the 4th and 5th digits of the hand, burning at the forearm that extended up the left arm. The injured worker had a history forearm tendinitis, wrist tendinitis, elbow tendinitis, chronic pain syndrome with a status post bilateral carpal tunnel release in 2011 and 2012, along with a bilateral cubital tunnel release in 2013 with persistent symptoms. Past treatments included had an electrodiagnostic study that revealed a mild recurrent left carpal tunnel syndrome that affected the sensory components. Per the clinical notes dated 04/02/2014 the physical examination revealed 5/5 strength bilaterally to the upper extremities, grip strength 5/5 bilaterally, deep tendon reflexes were 2+ and symmetric to the upper extremities, no increase in tone, decreased sensation at the palmar aspect of the 4th and 5th fingers on the left hand. The injured worker had tenderness to palpation at the left ulnar area with a Phalen's sign positive bilaterally. The medication included Norco 10/325 mg and Kadian 30 mg Naproxen 550 mg, and Gabapentin 300 mg. No VAS scale given. The treatment plan included a followup times 1 week and a refill of the Norco and Kadian. The Request for Authorization dated 07/09/2014 was submitted with documentation. The rationale for the medication was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ninety Tablets of Norco 10/325 mg.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, page 91, and Opioids, criteria for use, page 78 Page(s): 91,78.

Decision rationale: The request for Norco 10/325 mg is non-certified. The California MTUS guidelines state that Norco/ hydrocodone/acetaminophen is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that 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. Per the clinical notes the documentation did not address the injured worker's pain relief, functional status, appropriate medication use and side effects. Pain assessment should include the current pain, the least reported over of the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. The request did not address the frequency. As such, the request Norco is not medically necessary.

Sixty (60) Capsules of Kadian 30 mg.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate (Kadian) page 93 Page(s): 93.

Decision rationale: The request for 60 capsules of Kadian 30 mg is non-certified. Per the California MTUS Guidelines Kadian is a morphine sulfate that is a controlled extended and sustained release preparation and should be reserved for the injured workers with chronic pain who are in need of continuous treatment. Morphine sulfate extended release is once a day dosing in 60, 90 and 120 mg are for opiate tolerant injured workers only. Kadian which is an extended release capsule may be dosed once or twice daily. The 100 and 200 mg capsules are intended for opioid intolerant patients only, MS Contin doses should be individually tailored for each individual worker. Per the clinical note provided, it was not evident that the injured worker required a morphine sulfate or that she was opiate intolerant. No evidence of a VAS scale was provided. The request did not address the frequency. As such the request for Kadian is not medically necessary.