

Case Number:	CM14-0067673		
Date Assigned:	07/11/2014	Date of Injury:	02/07/1997
Decision Date:	09/19/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/12/2014

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 69 year old male who reported an industrial injury on 2/7/1997, over 17 years ago, to the bilateral wrists. The industrial injury was accepted for the bilateral wrists. The patient was terminated by the employer. The patient was diagnosed with mild median neuropathies in the bilateral wrists and left ulnar neuropathy at the elbow and possibly the wrist. The patient complained of bilateral knee pain, shoulder pain, bilateral hand pain, and low back pain. The patient reportedly was unable to make a fist and the patient was concerned that this was something new. The objective findings on examination included positive Tinel's and Phalen's signs to the bilateral wrists the my: left middle trigger finger; unable to make a fist; left elbow with 2+ tenderness; right shoulder tenderness to palpation and diminished range of motion; both knees are tender with swelling and crepitus; tenderness palpation to the lumbar spine. The diagnoses included bilateral knee pain with underlying degenerative disease of both knees; right shoulder pain; residual bilateral carpal tunnel syndrome with possible reoccurrence; left elbow pain; low back pain; left middle finger trigger finger. The treatment plan included a consultation and referral for the left middle finger; EMG studies of the bilateral upper extremities; and Norco 7.5/325 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-opioids.

Decision rationale: The prescription for Hydrocodone-APAP (Norco) 7.5/325 mg #90 for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the back for the date of injury over 17 years ago. The objective findings on examination do not support the medical necessity for continued opioid analgesics. The patient is being prescribed opioids for bilateral wrist pain, which is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off the prescribed Hydrocodone. The patient is 17 years s/p DOI with reported continued issues. There is no demonstrated medical necessity for the continuation of opioids for the effects of the industrial injury. Given the above the request is not medically necessary.