

Case Number:	CM14-0080185		
Date Assigned:	07/18/2014	Date of Injury:	05/08/2009
Decision Date:	09/22/2014	UR Denial Date:	05/26/2014
Priority:	Standard	Application Received:	05/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 55 year old female with a work injury dated 5/8/09. The diagnoses include cervical thoracic strain/arthrosis with central and neuroforaminal stenosis; possible bilateral shoulder Impingement syndrome with acromioclavicular joint arthrosis of the right, possible rotator cuff tears bilaterally; bilateral carpal tunnel syndrome, left ulnar neuropathy; carpometacarpal joint arthrosis, bilaterally symmetrical; lumbosacral strain/arthrosis; severe bilateral knee arthrosis and possible medial meniscal tears; cephalgia; TMJ complaints; Gastrointestinal complaints. Under consideration is a request for 1 Prescription for Norco (Hydrocodone) 5/325mg #60 with 1 refill.(between 5/6/2014 and 7/22/2014). There is a primary treating physician report dated 5/6/14 that states that she is status post right carpal tunnel release and right thumb CMC joint arthroplasty surgery performed on April 08,2014. with good benefit. Patient received one cortisone injection in her right knee with good but temporary relief. Patient states that that her left hand/wrist, thumb and right knee are her greatest complaint. Exam of the bilateral hand and wrist reveals patient is wearing a short arm cast. She has excellent capillary refills less than 1 second. There is pain in the left thumb with positive CMC joint arthrosis and thenar weakness. Negative Tinel's and Phalen are on the left. Pain in the right knee medially with mild effusion and positive McMurray's test with pain in the medial joint line. Patient has full range of motion with extension and flexion goes to 125 degrees. The treatment plan states that the patient did not received her analgesic medication prescribed on her lastoffice visit. She was prescribed Omeprazole 20mg p.o for treatment of heart burn,Hydrocodone 5/325mg p.o bid prn. Patient remains on temporary disability. Per documentation the patient has been taking Norco since June 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Norco (Hydrocodone) 5/325mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue Opioids: Opioid Hyperalgesia, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-80.

Decision rationale: 1 Prescription for Norco (Hydrocodone) 5/325mg #60 with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include 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. There is no indication that the pain medication has improved patient's pain to a significant degree or caused functional improvement as defined by the MTUS, therefore, Norco is not medically necessary. The MTUS guidelines indicate discontinuing opioids if there is no overall improvement in function and pain. The request for 1 Prescription for Norco (Hydrocodone) 5/325mg #60 with 1 refill, is not medically necessary.