

Case Number:	CM14-0089201		
Date Assigned:	07/30/2014	Date of Injury:	09/21/1992
Decision Date:	12/26/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/13/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 67 year old patient with date of injury of 09/21/1992. Medical records indicate the patient is undergoing treatment for bilateral upper extremity pain, post right carpal tunnel release and left trigger thumb and 3rd finger release, low back pain, neck pain status post cervical fusion. She is status post cervical fusion and bilateral wrist pain with history of carpal tunnel on the right, bilateral trigger thumb release and trigger finger release on the right ring and left third fingers. She is status post bilateral femur fracture in 2010. Subjective complaints include neck pain, bilateral hand pain rated 9/10; 6/10 with medications. Objective findings include tenderness to palpation of bilateral wrists, patient utilizing a wheelchair. Treatment has consisted of Gabapentin, Lyrica, Norco, Dioven, Carvedilol, Pantoprazole, Celexa, Metformin, Insulin, and Lyrica. CT of lumbar spine done on 02/26/2010 showed chronic benign pattern compression fracture of L3 flattening the ventral thecal sac with osteophyte at L2-L3. The utilization review determination was rendered on 11/15/2014 recommending modification of Norco 10/325 MG Quantity 420.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG Quantity 420: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Wrist Pain, Opioids

Decision rationale: Official Disability Guidelines does not recommend the use of opioids for neck and wrist pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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." The treating physician does not fully document the least reported pain over the period since last assessment, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the question for Norco 10/325 MG Quantity 420 is not medically necessary.