

Case Number:	CM14-0185917		
Date Assigned:	11/14/2014	Date of Injury:	06/07/1999
Decision Date:	01/02/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/10/2014

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 61year old patient with date of injury of 06/07/1999. Medical records indicate the patient is undergoing treatment for tendonitis bilateral hands, carpal tunnel syndrome and cubital tunnel syndrome. Subjective complaints include pain bilateral hands and triggering of fingers, difficulty using hands lifting, and pulling, reaching, vacuuming and cold weather makes the pain worse. Objective findings include swelling of hands 1st mcm and mcp; bilateral common flexor and extensor insertion tenderness, left trigger thumb and ring finger. Treatment has consisted of home H-wave treatment, hand therapy/occupational therapy and nerve block injections. Medications include Valium, Norco, Soma, Tramadol, Pristiq, Zoloft, Geodon, Oxycodone and Pantoprazole. The utilization review determination was rendered on 10/13/14 recommending non-certification of a Norco 10/325mg # 290.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #290: 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) Pain, Opioids

Decision rationale: The ODG does not recommend the use of opioids for 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. The 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 documentation provided indicates that this patient has been on opioid medication since at least 2010. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Furthermore, this patient has been previously authorized Oxycodone to replace Norco on August 29, 2014 per the treating physician's request. As such, the question for Norco 325/10mg # 290 is not medically necessary.