

Case Number:	CM14-0207324		
Date Assigned:	12/19/2014	Date of Injury:	05/30/2012
Decision Date:	02/13/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/11/2014

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 Practice, 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 53 years old female patient who sustained an injury on 5/30/2012. She sustained the injury while assembling large boxes; she fell on her outstretched right hand. The current diagnoses include carpal tunnel syndrome, cervical disc degeneration, neck pain and pain in joint shoulder. Per the doctor's note dated 12/5/2014, she had complaints of chronic back, right upper extremity and right knee pain. The physical examination revealed the lumbar spine- tenderness to palpation on right sided lumbosacral region, decreased range of motion lumbar spine by 40% with flexion, 80% with extension and 50% with rotation bilaterally, decreased sensation to light touch along the right lower extremity compared to the left lower extremity, decreased motor strength with right foot dorsiflexion and right EHL, 1+ Deep tendon reflexes and equal at the patella and Achilles, positive Straight leg raise at the right lower extremity at about 40 degrees compared to the left lower extremity; the right knee- mild tenderness to palpation over the quadriceps and distal muscle and anterior right knee, range of motion of the right knee full with flexion, extension, minimal grinding or crepitus help at the right knee. The medications list includes Norco on a PRN basis, pantoprazole, Flexeril and Naproxen. She has had EMG/NCS upper extremity dated 1/8/14 which revealed moderate to severe bilateral carpal tunnel syndrome and EMG/NCS lower extremity which revealed some peripheral neuropathy; MRI of the right shoulder in 07/2010, which showed rotator cuff tendinosis and AC joint arthrosis; MRI of the cervical spine dated 7/25/11 which showed C5-6 degeneration with moderate narrowing of the spinal canal and further multilevel disk protrusions; right knee MRI dated 7/29/14 which revealed lateral meniscal tear and degeneration with free margin fraying of medial meniscus; cervical MRI on 1/1/14 which revealed degenerative changes at C4-5 and C5-6 and congenital narrowing of spinal canal at C4-5; MRI lumbar spine dated 10/31/14 which revealed multilevel spurring in facets. She has undergone right carpal tunnel release on 07/08/2010; right shoulder

surgery on 5/6/13 and cervical spine surgery on 9/16/2014. She has had acupuncture, physical therapy visits, chiropractic care and TENS for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 Tablet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 02/04/15) Opioids, criteria for use.

Decision rationale: Norco contains Hydrocodone and Acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The continued review of the overall situation with regard to non-opioid means of pain control (antidepressants/anticonvulsants) is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10-325 Tablet is not established for this patient.