

Case Number:	CM15-0000160		
Date Assigned:	01/09/2015	Date of Injury:	07/01/2013
Decision Date:	05/01/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 35 year old male who sustained an industrial injury on 07/01/2013. Diagnoses include bilateral carpal tunnel syndrome and right cubital tunnel syndrome, and status post right thumb carpometacarpal fusion. Treatment to date has included medications. A physician progress note dated 11/17/2014 documents the injured worker has increasing pain in hands due to cold. Treatment plan is for Norco and a transfer cane. Treatment requested is for Norco 10/325 mg #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse

potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Guidelines recommend setting functional goals prior to initiating treatment with opiates. Additionally, a baseline pain and functional assessment should be made including a psychosocial assessment. The risks and benefits of the medication should be discussed and a written consent or pain agreement is recommended but not required. Within the documentation available for review, there is no identification of a pain score, or objective functional deficits related to the patient's pain. Furthermore, no objective treatment goals have been discussed which are intended to be addressed with the prescription of Norco. Furthermore, there is no indication that informed consent for opiate treatment has been obtained. If Norco has been prescribed previously, there is no documentation of objective functional improvement, analgesic efficacy, discussion regarding side effects, or discussion regarding aberrant use. In the absence of clarity regarding those issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.