

Case Number:	CM15-0003229		
Date Assigned:	01/14/2015	Date of Injury:	04/01/2010
Decision Date:	03/16/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/07/2015

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice

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 52 year old female sustained a work related injury on 04/01/2010. According to an office visit dated 05/21/2014, the injured worker had pain in her left and right hand. Diagnoses included status post carpal tunnel release right hand, status post A1 pulley release right hand, status post A1 pulley injection third digit left hand, status post extensor tendon debridement right elbow and left elbow, status post ganglion cyst excision right wrist and pain disorder with fear avoidance behavior and depression and re-injury anxiety. According to the provider, the injured worker was not at maximum medical improvement and should undergo additional flexor tendon tenolysis. Medications recommended included Cymbalta or Fetzima. The provider noted that the injured worker should receive a non-opioid pain medication. Physical therapy was also recommended. It was too early to predict whether she could return to work or not. Later progress reports submitted for review did not rate the injured worker' pain level or document objective functional improvement with the use of Norco. On 12/10/2014, Utilization Review non-certified Norco table 5-325mg 1 every 12 hours as needed #80. According to the Utilization Review physician, there was no documentation of pain level, presence or lack of side effects, abuse, diversion and functional level. There was no documentation of a pain contract, prior urine drug testing or failure with treatment solely using non-opioid medications. Despite treatment with opioid medications in the past, there was a lack of documentation of significant objective functional improvement with treatment. There was not documentation of symptomatic benefit, improved pain left, functional improvement or ability to return to work associated with the

ongoing prior opioid treatment. Guidelines referenced were cited as MTUS Short Actin Opioids. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tablet 5-325mg 1 Q12 Hours PRN #80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-7.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Documentation of analgesia is unclear. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. There is no clear functional gain that has been documented with this medication. According to the clinical documentation provided and current MTUS guidelines; Norco, as written above, is not indicated a medical necessity to the patient at this time.