

Case Number:	CM15-0003514		
Date Assigned:	01/14/2015	Date of Injury:	04/03/2012
Decision Date:	03/13/2015	UR Denial Date:	12/24/2014
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: California

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:

The injured worker is a 48 year old male with an industrial injury dated 04/03/2012. On 09/22/2014 the injured worker presented with increased pain in his neck, both shoulders, both wrists and upper and lower back. Physical exam noted positive Tinel test in both wrists for carpal tunnel. There was paracervical tenderness, parathoracic tenderness and paralumbar tenderness with lower thoracic and lumbar spasm present. Diagnoses included chronic bilateral wrist sprain, status post bilateral carpal tunnel release with persistent bilateral carpal tunnel symptoms, chronic bilateral medial and lateral epicondylitis, chronic cervical, thoracic and lumbosacral myofascial pain, chronic bilateral shoulder and hip pain and diffuse decreased sensation in the upper and lower extremities. Work status was limited duty. Prior documented treatments include pain medication and anti-depressants. On 12/24/2014 Utilization Review modified the request for Norco 5/325 # 120 to Norco 5/325 # 60 noting partial certification is provided for either initiation of downward titration and complete discontinuation of the opioid due to noncompliance of the opioid guidelines or to allow an opportunity for submission of the MTUS opioid mandated documentation and a signed pain contract between the provider and the claimant. MTUS was cited. On 01/07/2015 the injured worker submitted an application for IMR review of the request for Norco 5/325 # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient's date of injury is 04/03/2012. The medical diagnoses include persisting bilateral wrist pain despite surgery for carpal tunnel syndrome, medial and lateral epicondylitis, bilateral shoulder pain, cervical, thoracic and lumbar pain, bilateral hip pain, headaches, and atypical chest pain. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of return to function. Based on the documentation treatment with Norco is not medically indicated.