

Case Number:	CM15-0005130		
Date Assigned:	01/16/2015	Date of Injury:	07/30/2004
Decision Date:	03/19/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/09/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old female, who sustained an industrial injury on 7/30/2004. The diagnoses have included right and left wrist pain following carpal tunnel release, left and right knee arthrosis, right ulnar neuropathy and depressive disorder. Surgical history included bilateral carpal tunnel release, trigger finger surgeries to her fifth digits bilaterally and her fourth digit of the left hand, right thumb surgical release and left knee surgery. Treatment to date has included pain medications. According to the Primary Treating Physician's Progress Report from 12/3/2014, the injured worker complained of stabbing pain in her bilateral wrists. She continued to have numbness and tingling in her hands and continued to drop things. She also complained of aching pain in her shoulders, and stabbing pain in her low back and bilateral knees. The injured worker was taking Norco, ibuprofen and Ambien, which helped her. She was not working. Physical exam of hands/wrists revealed tenderness about the thenar eminence with mild swelling. Authorization was requested for Norco 10/325mg one by mouth every six hours as needed. On 12/22/2014, Utilization Review non-certified a request for Norco 10/325mg #60, noting that evidenced based guidelines do not support the continued use of Norco in the absence of substantial pain relief or functional improvement. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4A's of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.