MAXIMUS Federal Services

Case Number:	CM15-0102263		
Date Assigned:	07/16/2015	Date of Injury:	11/26/2007
Decision Date:	09/10/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/27/2015

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: Arizona, Michigan
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51 year old female who sustained an industrial injury on 11/26/2007. Current diagnoses include minimal neck pain, status post right carpal tunnel release in 05/2008, status post right trigger thumb release on 01/02/2009, right lateral epicondylitis, right elbow surgery on 02/06/2010, and status post left carpal tunnel release on 05/06/2009. Previous treatments included medications and surgical interventions. Report dated 04/15/2015 noted that the injured worker presented with complaints that included ongoing bilateral upper extremity pain. Pain level was 5 (with medications) out of 10 on a visual analog scale (VAS). Current medication regimen included Norco, Flector patches, Neurontin, Zoloft, Colace, and Ambien. Physical examination was documented as no significant change, but report dated 03/17/2015 documents tenderness to palpation of the bilateral forearms and wrists on physical examination. The treatment plan included written prescriptions for Norco, Ambien, and Neurontin, dispensed Zoloft, continue Colace, and follow up in one month. The submitted medical records indicate that the injured worker has been prescribed Norco 10/325 mg since at least 09/30/2015 and takes 5 pills per day. The injured worker is currently not working due to new injuries. Disputed treatments include Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #150, prescribed 04/15/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids, Criteria for Use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Online version), Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids sections Page(s): 1, 74-96.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of the medication." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." The medical records submitted for review does not include the above recommended documentation. There were no functional improvements noted with the use of Norco. The injured worker has been prescribed Norco 10/325 mg since at least 09/30/2015 and takes 5 pills per day, there has been no reduction in frequency or dosage to support functional improvement, there were no urine drug screening submitted to support compliance, and there has been no change in the frequency of medical treatments. Therefore, the request for Norco 10/325mg, #150, prescribed 04/15/2015 is not medically necessary.