

Case Number:	CM15-0105240		
Date Assigned:	06/09/2015	Date of Injury:	12/06/2010
Decision Date:	07/29/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/01/2015

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, Hawaii

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 (IW) is a 54-year-old female who sustained an industrial injury on 12/06/2010. Diagnoses include bilateral trigger thumb: status post release, bilateral thumb pain status post release 4/1/11 and left distal radio-ulnar arthritis. Treatment to date has included medications, splinting and home exercise. According to the progress notes dated 5/8/15, the IW reported bilateral wrist pain rated 7/10, worse on the left, with radiation to the left thumb. She stated that Norco and Lyrica were helpful for pain and sleep. Electrodiagnostic testing on 8/17/12 found evidence of left sensory median neuropathy at the wrist without evidence of cervical radiculopathy. X-rays of the left hand and wrist on 4/3/12 showed old healed fractures of the distal ulnar shaft and of the fourth metacarpal without significant arthritic changes. On examination, tenderness was noted to the right carpometacarpal (CMC) joint and the bilateral metacarpophalangeal (MCP) joint. Swelling was mild in the thumb and minimal in the bilateral hands. Tinel's and Phalen's signs were both questionable. Medications were Norco, Naproxen and Lyrica. The notes indicated the IW was using Norco, Oxycodone and Tylenol with codeine from other providers over the past three months and no refill was planned on 5/8/15; however, a request was made for Norco tab 10-325mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 19-20, 78.

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

Decision rationale: The patient presents with diagnoses that include bilateral trigger thumb-status post release, bilateral thumb pain status post release 4/1/11 and left distal radio-ulnar arthritis. The patient currently complains of bilateral wrist pain with radiation to the left thumb. Tinel's and Phalen's signs were both questionable. The current request is for Norco 10/325mg #30. The patient has been weaning off the medication in question. In the 4/26/15 (26B) treating report the physician notes, "Continue current medication with again reduction of Norco to #30 with plan to stop medication". The clinical history also notes "the patient did have a drug screen last visit or so that did show inconsistency in medication use". In the 5/8/15 (28B) treating report the physician states, "She has also been using pain medication from other providers over the last few months". For chronic opiate use, MTUS Guidelines state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, there is ample discussion regarding the patient's aberrant behaviors that warn against further authorization. Absent any aberrant behavior from the patient there is no documentation of a pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically consistent with MTUS Guidelines. The patient has been slowly weaned consistent with MTUS Guidelines. The requested medical treatment is not medically necessary.