

Case Number:	CM15-0135228		
Date Assigned:	07/23/2015	Date of Injury:	04/01/2002
Decision Date:	08/26/2015	UR Denial Date:	06/27/2015
Priority:	Standard	Application Received:	07/13/2015

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: 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 51 year old female who sustained an industrial/work injury on 4/1/02. She reported an initial complaint of numbness and tingling in the fingertips. The injured worker was diagnosed as having bilateral wrist/forearm tendinosis, s/p prior carpal tunnel surgery to both hands, and tendon release of right hand. Treatment to date includes medication, surgery (carpal tunnel, SLAP tear repair of the left shoulder), physical therapy. Currently, the injured worker complained of increased pain in bilateral hand and left shoulder symptoms over the past several months. Per the primary physician's report (PR-2) on 6/5/15, exam noted bilateral wrists/hands having moderate tenderness, moderate joint hypertrophy compared to the left with restricted range of motion. Tinel's and Phalen's tests were negative. Finkelstein's test was deferred due to pain. The requested treatments include Norco 7.5/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78, 80, 81.

Decision rationale: This patient present with bilateral wrists/hands pain. The current request is for Norco 7.5/325mg #60. The RFA is dated 06/12/15. Treatment to date included medication, injections, surgery (carpal tunnel, SLAP tear repair of the left shoulder, 2011), and physical therapy. The patient is to return to work with restrictions on 06/05/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6- month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS pages 80 and 81 also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." According to Doctor's First Report from 06/05/15, the patient has been without a primary treating physician since Nov of 2014. "She is seeing her personal physician for refill of her analgesics." She was using 1-2 Norco per day, now she is at times using up to 3 per day. The patient complained of increased pain in bilateral hand and left shoulder symptoms over the past several months. Physical exam revealed moderate bilateral wrists/hands tenderness, moderate joint hypertrophy compared to the left with restricted range of motion. Finkelstein's test was deferred due to pain. The patient has been prescribed Norco since at least November 2014. There is no discussion regarding medication efficacy. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADLs or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. This request is not medically necessary and recommendation is for slow weaning per MTUS.