

Case Number:	CM15-0149863		
Date Assigned:	08/12/2015	Date of Injury:	11/13/2002
Decision Date:	09/15/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/31/2015

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 44 year old female, who sustained an industrial injury on 11-13-02. The injured worker has complaints of shoulder pain and elbows and hand pain. The diagnoses have included bilateral carpal tunnel syndrome; left medial epicondylitis and right shoulder impingement syndrome. Treatment to date has included gabapentin; flexeril and norco. The request was for norco 10-325mg #75 prescribed 7-16-15. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #75 prescribed 7-16-15: Upheld

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

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

Decision rationale: Based on the 07/02/15 progress report provided by treating physician, the patient presents with pain to shoulders, elbows and hands. The request is for NORCO

10/325MG #75 PRESCRIBED 7-16-15. RFA with the request not provided. Patient's diagnosis on 08/18/15 includes bilateral carpal tunnel syndrome; left medial epicondylitis and right shoulder impingement syndrome. Physical examination on 07/02/15 revealed positive Impingement to left shoulder, and positive Tinel's and Phalen's tests to the bilateral wrists. Treatment to date has included electrodiagnostic studies and medications. Patient's medications include Norco, Gabapentin and Flexeril. The patient was on full-duty, per 01/22/15 report, and on "modified-duty," per 02/26/15 to 08/06/15 reports. Progress reports were hand-written and difficult to interpret. 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 p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications, per progress reports 02/26/15, 04/21/15, and 07/02/15. It is not known when this medication was initiated. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." It appears the patient is working, which indicates improvement in function. However, there are no specific discussions regarding aberrant behavior, adverse reactions, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4 As. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.