

Case Number:	CM15-0160627		
Date Assigned:	08/27/2015	Date of Injury:	09/29/2011
Decision Date:	10/02/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/17/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 (IW) is a 41 year old female who sustained an industrial injury on 09/29/2011. The mechanism of the injury is not found in the records reviewed. The injured worker was diagnosed as having: Hand pain, Carpal Tunnel Syndrome, Spasm of muscle. Treatment to date has included physical therapy, a transcutaneous electrical nerve stimulation (TENS) unit, oral pain medications, muscle relaxers and topical medications. She recently completed a three month functional restoration program. Currently, the injured worker complains of upper back pain and right hand pain. She rates her pain as an 8 on a scale of 1-10 with medications and as a 9 on a scale of 1-10 without medications. She denies new injury. On exam, she has tenderness at the trapezius, a normal curvature of the thoracic spine with full range of motion. Neck movement is restricted with left lateral rotation limited to 30 degrees by pain. She has normal flexion, extension and right lateral rotation. Tenderness is noted in the cervical spine, paracervical muscles and trapezius, neck with no edema, erythema or calor. No limitation of range of motion is noted in the right elbow. Wrist range of motion is restricted on the right. The worker has wrist pain with extremes of range of motion. No allodynia is noted in the hand. There is tenderness to palpation in the thenar eminence. No allodynia is noted on the left, and there is not tenderness with palpation. The treatment plan is for referral to a hand surgeon for evaluation of bilateral hands due to increased pain in her right hand, and for continuation of her medications for pain. A request for authorization was submitted for Norco 10/325 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.