

Case Number:	CM15-0163651		
Date Assigned:	08/31/2015	Date of Injury:	03/01/2011
Decision Date:	09/30/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/20/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 46 year old female with an industrial injury dated 03-01-2011. Her diagnoses included left DeQuervains tenosynovitis, status post-surgery, left lateral epicondylitis, status post lateral epicondylectomy, tenotomy and tendon lengthening and bilateral carpal tunnel syndrome - left worse than right. Prior treatment included acupuncture and medications. She presented on 07-22-2015 with complaints of bilateral hand and left elbow pain. She rates the pain as 7 out of 10 without medication and 5 out of 10 with pain medication. "The pain medication allows her to continue work." Physical exam noted swelling in both hands which was more pronounced on the right. Finkelstein's test was positive bilaterally. There was tenderness on the bilateral first dorsal compartments and the bilateral epicondyles and tenderness on the left common extensor tendons. The treatment request is for Norco 5/325 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain and ongoing management Page(s): 80-82 and 78-80.

Decision rationale: Norco 5/325mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The MTUS states that opioids for mechanical and compressive etiologies are rarely beneficial and opioids are not indicated as first line for neuropathic pain. The documentation reveals that the patient has been taking Naproxen with relief and it is not clear that the patient has failed first line therapy for her condition. Additionally, opioids are not first line for neuropathic pain and rarely beneficial for mechanical/compressive etiologies. For all of these reasons therefore the request for continued Norco is not medically necessary.