

Case Number:	CM15-0168241		
Date Assigned:	09/08/2015	Date of Injury:	07/01/2009
Decision Date:	10/13/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/26/2015

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: Preventive Medicine, Occupational 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:

This 58 year old female sustained an industrial injury to bilateral wrists, elbows and hands via cumulative trauma from 7-1-09 to 6-10-10. Previous treatment included bilateral carpal tunnel release, repeat left carpal tunnel release with carpometacarpal arthroplasty (2012), physical therapy, splinting, home exercise and medications. In an office visit dated 6-4-14, the injured worker stated that she was feeling better. The injured worker was not working. Physical therapy was helping. Active range of motion had increased to 145 degrees of flexion. The injured worker received refills of Norco and Celebrex. In an office visit dated 7-28-15, the injured worker complained of ongoing neck pain rated 8 to 9 out of 10 on the visual analog scale. The injured worker was not working or attending physical therapy. The injured worker had run out of medications. The injured worker reported that medications allowed her to do activities of daily living and decreased her pain by 3 to 4 points. The injured worker's physical exam was unchanged. Current diagnoses included neck pain, bilateral shoulder pain with impingement and acromial arthritis, bilateral lateral epicondylitis, bilateral carpometacarpal arthritis, right shoulder partial thickness rotator cuff tear, frozen right shoulder, right elbow medial pain with mild ulnar neuritis and bilateral carpal tunnel syndrome status post surgery and repeat left release. The treatment plan included refilling Norco and Omeprazole. Utilization Review noncertified the request for Norco citing lack of documentation of the 4 A's.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for more than a year. The available documentation does not provide evidence of a signed narcotic agreement, or assessment for risk factors or potential for abuse. There is no evidence of urine drug screens despite the use of the medication for more than a year. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for pharmacy purchase of Norco 10/325mg #120 is determined to not be medically necessary.