

Case Number:	CM15-0168741		
Date Assigned:	09/09/2015	Date of Injury:	02/05/2004
Decision Date:	10/08/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/27/2015

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 a 70 year old female, who sustained an industrial injury on 02-05-2004. The injured worker is currently permanent and stationary. Current diagnoses include bilateral recurrent carpal tunnel syndrome, status post cervical fusion, cervical discogenic disease, and status post bilateral carpal tunnel releases with reoccurrence. Treatment and diagnostics to date has included cervical spine surgery, bilateral carpal tunnel release surgery, use of TENS (Transcutaneous Electrical Nerve Stimulation) Unit which is helpful, night splints, home exercise program, and medications. In a progress note dated 06-24-2015, the injured worker reported continued pain in the neck and hands which she rated 7-8 out of 10 on the pain scale without medications and 1 out of 10 with medications. The physician noted that the injured worker is able to do light cleaning and cooking when taking her medication. Objective findings included decreased and painful cervical spine range of motion with C5 distribution radicular pain to right upper extremity and positive Phalen's and Tinel's tests. The Utilization Review report dated 08-06-2015 modified the request for Norco 10/325mg #120 to Norco 10/325mg #30 and did not approve the request for Trigger Point Injection x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, criteria for use.

Decision rationale: Norco 10/325mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above detailed pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). There is no evidence of a recent objective urine toxicology screen for review. Without clear evidence of prescribing according to MTUS Guidelines in and without evidence that Norco has contributed to significant objective evidence of increased function the request for continued use is not medically necessary.

Trigger point injection x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: Trigger point injection x 1 is not medically necessary per the MTUS Guidelines. The MTUS does not support trigger point injections in the presence of radiculopathy. The documentation states that the patient has cervical radicular symptoms therefore this request is not medically necessary.