

Case Number:	CM15-0169495		
Date Assigned:	09/14/2015	Date of Injury:	03/11/2014
Decision Date:	10/19/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/28/2015

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: Orthopedic Surgery, Hand Surgery, Sports 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 was a 37 year old female, who sustained an industrial injury, March 11, 2014. According to progress note of July 13, 2015, the injured worker's chief complaint was ongoing difficulty with both forearms and wrists. The injured worker reported the symptoms were getting worse. The pain was described as aching and tingling which will radiate to the elbow. The injured worker woke up during the night. The injured worker reported the pain level at 5-8 at the end of the day depending on the activities of the day. The injured worker was undergoing treatment for left carpal tunnel release, left ulnar nerve release and bilateral elbow injections, right borderline cubital tunnel syndrome and mild carpal tunnel syndrome status post 2 injections, left mild cubital tunnel syndrome and rule out carpal tunnel syndrome with negative nerve conduction studies post 2 injections. The injured worker previously received the following treatments bilateral elbow injections helped approximately three days and then the symptoms reoccurred; 15 physical therapy sessions, splinting, work modifications and anti-inflammatory medications without consistent relief from symptoms. The RFA (request for authorization) dated July 16, 2015, the request for a prescription refill for Norco 10-325mg #46 with an additional refill for post-operative pain. The UR (utilization review board) denied certification on August 5, 2015: was for a modification of Norco 10-325mg to #15 with one additional refill. There was no documentation for analgesic treatments of acetaminophen, Aspirin and NSAIDS; if these drugs do not significantly reduce the pain opioids for moderate to moderately severe pain may be added to the less efficacious drugs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Norco 10/325mg #45 with 1 refill: 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: This is a request for 10 mg Norco tablets to be used following upper extremity nerve decompression surgeries. The requests for authorization are inconsistent with some requests appearing to be for 45 tablets and others for 15. Use of narcotic pain medications to help manage post-operative pain is reasonable, but the dose is always appropriately kept to a minimum to avoid side effects, complications such as dependence and diversion. Effective October 6, 2014, the US Drug Enforcement Administration reclassified hydrocodone as a scheduled II narcotic and since that time no refills are permitted. The request for 45 10-milligram tablets would be considered excessive following the proposed surgery; the request for 15 tablets would be reasonable. However, the requested refill makes either request noncompliant with federal regulations and therefore the request is determined to be not medically necessary and appropriate.