

Case Number:	CM15-0184405		
Date Assigned:	09/24/2015	Date of Injury:	01/07/2010
Decision Date:	11/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/18/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 60 year old female sustained an industrial injury on 1-7-10. Documentation indicated that the injured worker was receiving treatment for bilateral carpal tunnel syndrome, trigger finger, right wrist sprain and strain, right cubital tunnel syndrome, right lateral epicondylitis, right shoulder impingement syndrome and chronic cervicgia. Previous treatment included physical therapy and medications. In a progress note dated 2-2-15, the injured worker complained of ongoing chronic neck pain with right upper extremity pain localized to the shoulder, elbow, wrist and hand with intermittent pain radiating to the right upper extremity. The physician noted that Norco was necessary to help manage her pain and allowed her to function with activities of daily living. In a PR-2 dated 8-10-15, the injured worker complained of ongoing chronic neck pain with right upper extremity pain localized to the shoulder, elbow, wrist and hand as well as some intermittent radiating pain, numbness and tingling to the right upper extremity. Current medications included Norco, Colace and Senna. Norco caused constipation, which was alleviated by Colace and Senna. The injured worker had failed a trial of Neurontin due to nausea and sedation. Physical exam was remarkable for right shoulder with positive impingement signs and supraspinatus motor testing and range of motion "moderately" reduced with abduction and forward flexion 90 degrees, right elbow with "slight" tenderness to palpation at the lateral epicondyle with positive Tinel's at the right cubital tunnel syndrome, bilateral wrists with positive Tinel's and Phalen's tests, bilateral hands with tenderness to palpation at the thenar eminence with slightly reduced adduction and cervical spine with tenderness to palpation and "slightly" reduced range of motion in all planes. The injured worker had been prescribed Norco since at least 2-2-15. The treatment plan included continuing current medications (Norco, Colace and Senna). On 8-17-15, Utilization Review modified a request for Norco 10-325mg #120 to Norco 10-325mg #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 #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: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Review of the available medical records reveals no documentation to support the medical necessity of Norco or any documentation addressing the "4 A's" domains, which is a recommended practice for the ongoing management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, or appropriate medication use. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Per the medical records, it was noted that Norco caused constipation which was alleviated by Colace and Senna. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, the request is not medically necessary and cannot be affirmed.