

Case Number:	CM15-0187297		
Date Assigned:	09/29/2015	Date of Injury:	10/01/2003
Decision Date:	11/06/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/23/2015

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 56 year old female sustained an industrial injury on 10-01-03. Documentation indicated that the injured worker was receiving treatment for bilateral carpal tunnel syndrome and complex regional pain syndrome. Recent treatment consisted of medication management, splinting and gloves. In PR-2's dated 1-5-15, 3-2-15, 4-6-15, 5-4-15, 6-1-15, 6-29-15 and 7-27-15, the injured worker complained of ongoing bilateral hand pain. The treatment plan consisted of continuing Norco and use of hand splints and gloves. In a PR-2 dated 8-24-15, the injured worker complained of "the same" bilateral hand pain in the flexor tendon sheaths in the palm and left thumb extensor. The injured worker was very cold intolerant. Physical exam was remarkable for tenderness to palpation along the flexor tendon sheaths in both palms and tenderness to palpation in the "typical" degrees Quervain's tenosynovitis position in the left thumb and positive bilateral Phalen's test. The physician stated that the injured worker had been on the same amount of Norco for "essentially" eight years and had tolerated this with no evidence of abuse or side effect. The injured worker's condition had not changed. The medication was used in a palliative sense to keep the injured worker functional. The treatment plan included a prescription for Norco. On 9-11-15, Utilization Review modified a request for Norco 10-325mg #240 to Norco 10-325mg #200.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 qty: 240: 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, Weaning of Medications.

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. In this case, the injured worker has been taking Norco for an extended period without documentation of functional improvement or significant pain relief. Additionally, there is no evidence of a urine drug screen or opioid contract to monitor usage and aberrant behavior. 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 Norco 10/325 qty: 240 is determined to not be medically necessary.