

Case Number:	CM15-0188948		
Date Assigned:	09/30/2015	Date of Injury:	03/23/2010
Decision Date:	11/19/2015	UR Denial Date:	09/06/2015
Priority:	Standard	Application Received:	09/25/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old female who sustained an industrial injury on 3-23-2010. Diagnoses have included carpal tunnel syndrome, status post carpal tunnel release, radial styloid tenosynovitis, and adhesive capsulitis. Documented treatment includes physical therapy, acupuncture, nerve blocks with relief stated as lasting six days, and medication including Gabapentin, Naproxen, Protonix, and Norco 10-325. Present dose of Norco is every six hours, but stated by the injured worker 8-28-2015 to not be providing adequate relief. Records reveal length of treatment with Norco has been for at least five years. The injured worker reports at the 8-28-2015 visit that "my legs ache," and she is experiencing insomnia; right upper extremity burning, stiffness, numbness, weakness and tingling, and the symptoms are noted to radiate; headache; and she reports right and left leg aching and weakness, with pain described as dull. Overall functioning is reported by the injured worker as "worse" for activities of daily living and she rated her pain as 9 out of 10 at the visit and up to 10 out of 10 during the previous week. She reported medication side effects including nausea, sweating, constipation, mental cloudiness, fatigue and drowsiness. The medical records provided do not reference urine drug screening or opioid contract. The treating physician's plan of care includes request for authorization dated 8-28-2015 for Norco which was denied on 9-6-2015. The injured worker has remained off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: 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: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.