

Case Number:	CM15-0191564		
Date Assigned:	10/05/2015	Date of Injury:	03/20/2002
Decision Date:	11/10/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/29/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 is a 61-year-old male with a date of industrial injury 3-20-2002. The medical records indicated the injured worker (IW) was treated for status post bilateral wrist carpal tunnel release. In the progress notes (8-24-15), the IW reported bilateral wrist pain rated 6 out of 10. He was working regular duty. The notes indicated Norco improved the IW's pain and so improved participation in a home exercise program, enabled him to work and improved his sleep. The IW reported no drug side effects. The provider noted no aberrant drug-taking behaviors. Some of the notes were difficult to decipher. On examination (8-24-15 notes), the notes stated bilateral wrists "WHSS (as prior)" and "tender flx tend". Progress notes dated 4-23-15 stated the IW's opiate risk rating was '3', which was low risk. Treatments included medication (Norco, since at least 4-23-15) and home exercise program. There were no urine drug screen results to review. A Request for Authorization dated 8-24-15 was received for Norco 5-325mg, #60, random urine drug screen and liver function test. The Utilization Review on 9-1-15 modified the request for Norco 5-325mg, #60 and non-certified the request for random urine drug screen and liver function test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: 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, Opioids for neuropathic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as first line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term use has not been supported by any trials. In this case, the claimant had been on Norco for several months. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

Random Urine Drug Screen: 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, screening for risk of addiction (tests).

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.

Liver Function Test: 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) www.odg-twc.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction, Opioids, long-term assessment, Opioids, steps to avoid misuse/addiction.

Decision rationale: According to the guidelines, liver function should be monitored in those with liver disease or suspected or liver toxicity while on opioids. In this case, continued use of opioids as above is not necessary. In addition, there was no mention of existing liver disease or concern of toxicity. The request for liver function testing is not medically necessary.