

Case Number:	CM15-0193589		
Date Assigned:	10/07/2015	Date of Injury:	03/02/2010
Decision Date:	11/19/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/01/2015

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: Texas, 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 45 year old female with a date of injury on 3-2-10. A review of the medical records indicates that the injured worker is undergoing treatment for her right hand, right shoulder, right wrist, soft tissue neck, right lower arm and right thumb. Progress report dated 9-9-15 reports the injured worker is having very bad numbness all the way down her body to her legs. She reports falling completely. Objective findings: multiple trigger points. She uses a cane for ambulation. MRI of cervical spine 9-4-15 reveals degenerative changes. According to the medical records she has been taking Norco since at least 2-25-15. The patient had UDS on 12/12/13 and on 3/5/15 that was positive for Hydrocodone and it was consistent. The medication list include Norco, gabapentin, Flexeril, Advil, Tramadol, Topamax and Paxil. The patient's surgical history include right CTR in 2011. The patient had used a TENS unit for this injury. The patient had used a cane for ambulation. The patient has had a history of anxiety and depression. Per the note dated 7/9/15 the patient had complaints of pain in left wrist, shoulder and arm with numbness. Physical examination of the right wrist revealed positive Tinel's sign, tenderness on palpation and swelling. The patient has had an EMG of the bilateral upper extremities that revealed bilateral CTS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325 mg Qty 240 is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.