

Case Number:	CM15-0199868		
Date Assigned:	10/15/2015	Date of Injury:	03/21/2008
Decision Date:	11/23/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/12/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

The injured worker is a 45 year old female who sustained an industrial injury on 03-21-2008. According to a progress report dated 09-15-2015, the injured worker had pain in the neck, shoulders and arms. Tingling was noted in the left arm and thumb. "Hands" awakened the injured worker. Left middle finger would get stuck. Hands would become swollen. There was "little relief" with medications. Pain intensity was not rated using a VAS scale. She was not working. Objective findings included positive Tinel's and Phalen's on the left. Sensory was grossly intact. Motor function median nerve was intact. There was obvious triggering of the left long finger. Diagnoses included cervical spine sprain strain, chronic bilateral shoulder impingement status post left shoulder arthroscopy on 08-02-2013, carpal tunnel syndrome right wrist and left wrist carpal tunnel syndrome. The treatment plan included urine drug screen at next office visit, Naproxen, Protonix and Norco and pain management for chronic medication management on chronic narcotics. Work status included modified work. Documentation shows use of Norco dating back to January 2015. Urine toxicology performed on 06-29-2015 was positive for Hydrocodone and negative for all other substances. An authorization request dated 09-29-2015 was submitted for review. The requested services included Norco, Naproxen, Protonix, urine drug screen and pain management for chronic medications management. On 10-02-2015, Utilization Review non-certified the request for Norco 5-325 mg #60 and pain management for chronic medications management.

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, Section(s): Opioids, criteria for use, Opioid hyperalgesia, Weaning of Medications.

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

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of norco is not substantiated in the records. Therefore, the request is not medically necessary.

Pain management for chronic medication management: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The worker has been treated with multiple modalities of pain management and medications with little subjective or objective improvement in symptoms and ability to work modified duty. A comprehensive multidisciplinary approach to pain management is indicated for patients with more complex or refractory problems. The physical exam and radiographic findings do not support this complexity. The medical necessity of a pain management consult for medication management is not substantiated in the records. Therefore, the request is not medically necessary.