

Case Number:	CM15-0200110		
Date Assigned:	10/15/2015	Date of Injury:	11/01/2011
Decision Date:	12/01/2015	UR Denial Date:	09/28/2015
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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 55 year old female with a date of injury of November 1, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for left trigger thumb, left carpal tunnel syndrome with release and revisions, and right fourth and fifth trigger finger with release. Medical records (July 28, 2015; September 8, 2015) indicate that the injured worker complained of increased pain at the base of the left thumb. Per the treating physician (September 8, 2015), the employee was temporarily totally disabled. The physical exam (July 28, 2015; September 8, 2015) reveals tenderness at the base of the left thumb, and tenderness of the first carpometacarpal with triggering of the left thumb. Treatment has included medications (Norco since at least February of 2015; Naproxen, Flexeril, and Aciphex), bilateral carpal tunnel release, trigger finger release, and physical therapy. The urine drug screens (January 13, 2015 and July 28, 2015) showed results that were inconsistent with the injured worker's prescribed medications. The original utilization review (September 28, 2015) partially certified a request for Norco 10-325mg #30 (original request for #120).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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): Opioids, criteria for use, Opioids, specific drug list.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 7/28/15 and 9/8/15. Therefore the determination is for non-certification. Therefore, the requested treatment is not medically necessary.