

Case Number:	CM15-0203999		
Date Assigned:	10/20/2015	Date of Injury:	09/05/2014
Decision Date:	12/02/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/16/2015

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 41 year old female who sustained a work-related injury on 9-5-14. Medical record documentation on 9-15-15 revealed the injured worker was being treated for severe recurrent bilateral carpal tunnel syndrome, status post bilateral carpal tunnel release, right first CMC degenerative joint disease, left C7 radiculopathy, and C5-6 disc displacement with moderate left C6 foraminal stenosis. She reported continued neck pain which she rated a 10 on a 10-point scale without medications (9-10 on 8-4-15) and an 8 on a 10-point scale with medications (7 on 8-4-15). Her neck pain radiated down the right upper extremity to the bilateral hands and was rated an 8 on a 10-point scale without medications and a 7 on a 10-point scale with medications. She reported difficulty with bathing, dressing, grooming and toileting. Her medication regimen included Norco 10-325 mg (discontinued on 7-7-15). She reported that the use of Norco and Benadryl eliminates the itchiness and allows analgesic. Objective findings included no evidence of tenderness to palpation of the cervical paraspinal muscles, the spinous processes, base of the neck, base of the skull, the interscapular space or the anterior cervical musculature. She had decreased sensation over the right C5, the right C6, the right C7 dermatome distributions. She had a positive Hoffman's on the right. Her bilateral wrist range of motion was right flexion to 30 degrees, left flexion to 40 degrees, right extension to 10 degrees and left extension to 30 degrees. Radial deviation was 10 degrees on the right and 15 degrees on the left and ulnar deviation was 15 degrees on the right and 30 degrees on the left. She had a positive Tinel's bilaterally and positive compression test bilaterally. She had tenderness to palpation over the right first CMC

joint and a positive grind test of the right first CMC joint. On 10-15-15, the Utilization Review physician determined Norco 10-325 mg #60 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Norco 10/325mg: 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, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. 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 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." 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, return to work, or increase in activity from the exam note of 9/15/15. Therefore the request is not medically necessary.