

Case Number:	CM15-0023757		
Date Assigned:	02/13/2015	Date of Injury:	12/26/2008
Decision Date:	04/06/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/09/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54-year-old male who reported an injury on 12/26/2008 due to an unspecified mechanism of injury. On 01/09/2015, he presented for a follow-up evaluation regarding his work related injury. He reported pain in the left elbow aggravated by gripping, grasping, and squeezing, and to continue to report numbness in the left hand. It was noted that he was utilizing Norco 3 per day for breakthrough pain and had stopped using gabapentin. A physical examination showed Jamar dynamometer grip strength readings at 10/08/08 kg on the right and 4/0/0 kg on the left. There was significant tenderness over incision scars in the left upper extremity with decreased sensation to light touch noted in the left thumb, index finger, middle finger, and ring finger. Active range of motion of the bilateral elbows revealed flexion at 100 degrees on the left and extension at -5 degrees on the left. He was diagnosed with status post right carpal tunnel release, status post left carpal tunnel release, right ulnar neuritis, left ulnar neuritis, and status post left ulnar nerve release, and status post repeat left carpal tunnel release. The treatment plan was for Norco 10/325 mg to continue alleviating the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. The documentation provided does not show that the injured worker is having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, no official urine drug screens or CURES reports were provided for review to validate his compliance with his medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.