MAXIMUS Federal Services

Case Number:	CM15-0026620		
Date Assigned:	02/19/2015	Date of Injury:	09/19/1996
Decision Date:	04/06/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/12/2015

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: Massachusetts
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 female, who sustained an industrial injury on September 19, 1996. She has reported back pain, wrist pain, and elbow pain. The diagnoses have included carpal tunnel syndrome, cervical spine spondylosis, lesion of the ulnar nerve, and cervical spine degenerative disc disease. Treatment to date has included medications, physical therapy, home exercise, carpal tunnel surgery, bracing, and imaging studies. A progress note dated January 2, 2015 indicates a chief complaint of continued lower back pain, bilateral wrist pain and bilateral elbow pain. Physical examination showed bilateral elbow tenderness, cervical spine tenderness and decreased range of motion, and abnormal findings of the bilateral wrists and right elbow. The treating physician is requesting a prescription for Norco. On January 15, 2015 Utilization Review denied the request citing the California Medical Treatment Utilization Schedule. On February 12, 2015, the injured worker submitted an application for IMR of a request for a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg-325mg tablet, 1 tablet 5 times daily as needed for 30 days dispense 150 tablets:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 63,67-70,74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for bilateral wrist and elbow pain and low back pain. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, and poor pain control appears related to being unable to obtain medications. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.