

Case Number:	CM15-0212543		
Date Assigned:	11/02/2015	Date of Injury:	02/02/2013
Decision Date:	12/15/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/28/2015

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 46 year old female who sustained an industrial injury on 02-02-2013. Medical records indicated the worker was treated for carpal tunnel syndrome. Treatment has included Norco (since at least 03-25-2015). In the provider note 09-16-2015, the worker complains of burning achy pain in the right hand with numbness and tingling radiating into the fingers. The pain is associated with repetitive grabbing, grasping, gripping, squeezing, pushing, and pulling. She rates it a 6 on a scale of 0-10 and is relieved with medications and rest. The worker states her right hand is worse with increased morning and difficulty making a tight fist. The left hand has frequent moderate left hand pain with numbness and weakness radiating into the fingers with numbness. The pain is associated with prolonged driving, repetitive grabbing-grasping, repetitive gripping, squeezing, pushing and pulling. The pain is rated a 6 on a scale of 0-10 and is relieved with medication and rest. She complains of numbness in the bilateral hands and fingers. On exam, her right hand has decreased range of motion involving the right thumb and ranges of motion are painful. She has some evident swelling in the wrist. Both wrists have decreased range of motion. Phalen's causes pain, Finkelstein's is positive. Her diagnoses include status post right carpal tunnel release, left carpal tunnel syndrome, right thumb DeQuervain's syndrome, impingement syndrome, bilateral medial epicondylitis, and tenosynovitis of the hand and wrist. The treatment plan includes Norco and a urine toxicology drug screen. Her last toxicology screen results were compliant with medications prescribed. There is no record of an opioid contract. There is absent documentation of pain between visits, how much the Norco relieves her pain, onset of pain relief, and increased function with Norco. A request for

authorization was submitted for Norco 5/325 mg #90. A utilization review decision 10/15/2015 denied the request but allowed one month supply for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment, Opioids, criteria for use, Opioid hyperalgesia.

Decision rationale: The claimant sustained a work injury in February 2013 when she was sliding her hands into an orange crate and she had a hyperflexion injury of the right thumb. She underwent a right carpal tunnel release in December 2013. She continues to be treated for neck and upper extremity pain. In March 2015 Norco 10/325 mg #90 was being prescribed. Pain was rated at 6-7/10. In August 2015 she was having elbow pain. Norco 5/325 mg #60 was now being prescribed. Pain was rated at 7-8/10. MRI scans of the elbows were requested. When seen in September 2015, pain was rated at 3-6/10. She had decreased right thumb range of motion and morning stiffness. She had swelling of the right wrist which was now evidence. Physical examination findings included decreased and painful range of motion. There was pain with Phalen testing and Froment's sign was positive bilaterally. There was positive right Finkelstein testing. The Norco quantity was increased to 5/325 mg #90. Norco (hydrocodone / acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores after taking this medication or specific examples of how this medication is resulting in an increased level of function or improved quality of life. The lowest pain scores reported were at the lowest dose documented which suggests a possible hyperalgesia response. Continued prescribing is not considered medically necessary.