

Case Number:	CM15-0219511		
Date Assigned:	11/12/2015	Date of Injury:	02/16/2009
Decision Date:	12/29/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/09/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 45 year old female, who sustained an industrial injury on 02-16-2009. The injured worker was diagnosed as having status post right dorsal 1st compartment release, bilateral de Quervain's, status post bilateral carpal tunnel releases, bilateral medial and lateral epicondylitis, bilateral ulnar neuritis, cervical spine sprain-strain- chronic and status post left dorsal 1st compartment release. On medical records dated 04-14-2015 and 09-21-2015, the subjective complaints were noted as chronic neck pain, bilateral elbow pain, chronic bilateral hand and wrist pain, and paresthesias. Objective findings were noted as cervical spine revealed tenderness to palpation across the cervical trapezial ridge. Range of motion was decreased and painful. Positive spasms was noted, tenderness to palpation was positive over the facet joints. Pain was present with axial compression. Right hand revealed a healed palmar incision, and palmer tenderness to palpation was noted. And bilateral elbows were noted to have tenderness to palpation medially and laterally at the elbows. There was a positive Tinel's sign along the ulnar distribution bilaterally. Treatment to date included surgical intervention, home exercise, home exercise program and medication. Laboratory studies were performed on 02-25-2015. The injured worker was noted to be temporary totally disabled. Current medications were listed as Anaprox, Norco, Synovacin and Valium. The Utilization Review (UR) was dated 11-04-2015. A Request for Authorization was dated 10-20-2015. The UR submitted for this medical review indicated that the request for Norco 10/325 mg #120 was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 09/02/15 with neck and upper extremity pain rated 4-5/10 with medications, 7-9/10 without medications. The patient's date of injury is 02/16/09. Patient is status post right dorsal 1st compartment release at a date unspecified. The request is for Norco 10/325mg #120. The RFA is dated 10/20/15. Physical examination dated 09/02/15 reveals tenderness to palpation across the cervical trapezial bridge with spasms and decreased cervical range of motion noted, pain elicitation with axial compression, diminished grip strength in the right hand, tenderness to palpation of the palmar aspect of the right hand, tenderness of the medial and lateral aspects of the bilateral elbows, and positive Tinel's sign in the bilateral ulnar distribution. The patient is currently prescribed Anaprox and Norco. Patient is currently classified as temporarily totally disabled. MTUS, Criteria for use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6- month intervals using a numerical scale or validated instrument." MTUS, Criteria for use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In regard to the requested Norco for the management of this patient's chronic pain, the treater has not provided adequate documentation of opioid efficacy. Progress notes dated 09/02/15 notes that opiate medications reduce this patient's pain from 7-9/10 to 4-5/10, though does not provide any activity-specific functional improvements or statements regarding aberrant behavior. Such vague documentation does not satisfy MTUS guidelines, which require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. While there is no evidence that this patient is inconsistent with her prescribed medications, without appropriate documentation of specific functional improvements, or a statement regarding aberrant behavior, the continuation of narcotic medications is not appropriate. Given the lack appropriate documentation of the 4A's, Norco cannot be substantiated and this patient should be weaned from narcotic medications. The request is not medically necessary.