

Case Number:	CM15-0031805		
Date Assigned:	02/25/2015	Date of Injury:	04/02/2013
Decision Date:	04/21/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/19/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 62-year-old male, who sustained an industrial injury on 4/02/2013. The mechanism of injury was not noted. The injured worker was diagnosed as having brachial neuritis or radiculitis, cervical radiculopathy, cervical pain, and carpal tunnel syndrome. Treatment to date has included conservative measures, including diagnostics, injections, medications, and physical therapy. Currently, on 1/19/15 the injured worker complains of neck and bilateral wrist pain, rated 5/10 with medication use and 8/10 without. Current medications included Ibuprofen and Norco. Cervical range of motion was restricted and hypertonicity and spasm was noted on both sides. Tenderness was noted to bilateral facets and pain was present with bilateral facet loading. Bilateral elbows showed positive Tinel's sign and bilateral wrists were positive for Phalen's sign. Motor strength was notable for grip 5-/5 on the right. Referenced diagnostic testing included an electromyogram and nerve conduction studies from 3/03/2013 and magnetic resonance imaging of the cervical spine from 2/14/2014. The patient had received bilateral median nerve injection and cervical ESI for this injury

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG Take 1 Daily As Needed #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Opioids, criteria for use: page 76-80CRITERIA FOR USE OF OPIOIDS, Therapeutic Trial of Opioids.

Decision rationale: Request: Norco 10/325 MG Take 1 Daily As Needed #30 Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The injured worker was diagnosed as having brachial neuritis or radiculitis, cervical radiculopathy, cervical pain, and carpal tunnel syndrome. Currently, on 1/19/15 the injured worker complains of neck and bilateral wrist pain, rated 5/10 with medication use and 8/10 without. Cervical range of motion was restricted and hypertonicity and spasm was noted on both sides. Tenderness was noted to bilateral facets and pain was present with bilateral facet loading. Bilateral elbows showed positive Tinel's sign and bilateral wrists were positive for Phalen's sign. The pt has evidence of significant abnormal objective findings. The patient had received bilateral median nerve injection and cervical ESI for this injury. The medications are providing him 30 to 40% pain relief. Per the doctor, there is no evidence of adverse effects or aberrant pain behavior. Her current medications include ibuprofen which is an NSAID. Per the treating physician that alone was insufficient in treating the pt's pain. The pt has been prescribed a low dose opioid for a short time in a small quantity (Norco 10/325 MG Take 1 Daily As Needed #30). This medication is deemed medically appropriate and necessary in the present dose, amount and frequency to treat the pts chronic pain since it is allowing him to function better and there is no evidence of aberrant behavior , and there are no other opioid medications like tramadol, that have been certified at present, in her case. The request for Norco 10/325 MG Take 1 Daily As Needed #30 is medically necessary and appropriate in this patient.