

Case Number:	CM15-0033295		
Date Assigned:	02/26/2015	Date of Injury:	10/25/2013
Decision Date:	04/07/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 53 year old female, who sustained an industrial injury on 10/25/2013. The diagnoses have included sprain of carpal joint of wrist. Treatment to date has included conservative measures. Currently (3/03/2015), the injured worker complains of increased right wrist pain, after scooping ice cream the previous day, and continued aching and numbness of the last two right fingers. Medications included Norco 10/325mg, noted as helpful with normal use of 4 times daily, and Xanax. Physical exam noted decreased sensation C8 on the right. She reported using Norco for the past 5-6 years. A prescription for Percocet 10/325mg #120 was given on the visit 2/03/2015, due to her report of using Norco every 4 hours for an upcoming dental surgery. Percocet was prescribed for increased pain, with notation to decrease Norco when pain was better controlled. On 2/11/2015, Utilization Review non-certified a request for Percocet 10/325mg #120, and modified a request for an unknown prescription Norco 10/325mg to Norco 10/325mg #90, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, unknown prescription Norco 10/325 mg is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are tenosynovitis right wrist or hand; right DeQuervain's tenosynovitis; and TFCC tear. The documentation shows the injured worker was using Norco as far back as August 6, 2014. The documentation indicates the injured worker takes Norco every four hours for upcoming dental surgery. Subjectively, the injured worker has no new complaints. There is no clinical rationale for the increased Norco usage Q4 H for upcoming dental work nor is there a causal relationship between the dental work and the work related injury. There is no risk assessment in the medical record. There is no detailed pain assessment in the medical record. There is no clinical documentation demonstrating objective functional improvement with ongoing Norco use. Consequently, absent clinical documentation with objective functional improvement to support ongoing Norco, unknown prescription for Norco 10/325 mg is not medically necessary.

120 Percocet 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325#120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are tenosynovitis right wrist or hand; right DeQuervain's tenosynovitis; and TFCC tear. Subjectively, the injured worker is taking Norco Q4 H for upcoming dental surgery. The injured worker offers no new complaints according to the documentation in a February 3, 2015 progress note. Percocet was prescribed because the injured worker was having increased pain unresponsive to Norco.

The treating physician's plan was to taper Norco after getting a pain response Percocet. The documentation, however, did not contain a risk assessment or detailed pain assessment based on prior Norco usage. Additionally, there was no objective functional improvements documented ongoing Norco. Consequently, absent compelling clinical documentation with objective functional improvement with Norco and adding Percocet without first tapering Norco, Percocet 10/325#120 is not medically necessary.