

Case Number:	CM15-0035803		
Date Assigned:	03/04/2015	Date of Injury:	06/10/2003
Decision Date:	04/15/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/25/2015

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:

The injured worker is a 53 year old female who sustained an industrial injury on 06/10/2003. Current diagnoses include bilateral wrist and hand tendinitis with bilateral carpal tunnel syndrome, bilateral shoulder strain, left shoulder impairment, thoracolumbar strain, insomnia due to chronic pain, secondary depression due to chronic pain, and intermittent gastrointestinal upset due to use of pain medication. Previous treatments included medication management, home exercise, and ice. Report dated 01/12/2015 noted that the injured worker presented with complaints that included bilateral wrist and hand pain, bilateral shoulder pain, mid and low back pain, insomnia due to pain, and stomach upset due to pain medications. Physical examination was positive for abnormal findings. Utilization review performed on 01/30/2015 non-certified a prescription for Norco, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Norco 10/325mg #45 per month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The 53 year old patient complains of bilateral wrist and hand pain, bilateral shoulder pain, mid and low back pain, insomnia secondary to pain, depression, and medication-induced gastritis, as per progress report dated 01/12/15. The request is for continue norco 10/325 mg # 45 per month. There is no RFA for this case, and the patient's date of injury is 06/10/03. Diagnoses, as per progress report dated 01/12/15, included bilateral wrist and hand tendinitis, bilateral carpal tunnel syndrome, bilateral shoulder strain, and thoracolumbar strain. The patient has been allowed to return to work with restrictions, as per the same progress report. MTUS Guidelines 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 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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is first noted in progress report dated 09/02/14, and the patient has been taking the medication consistently at least since then. The medication has been prescribed for "breakthrough pain." The treater, however, does not document reduction in pain in terms of change in pain scale nor does the treater use a validated scale to demonstrate an increase function due to Norco use. No UDS or CURES reports are available for review and the treater does not list the side effects associated with Norco in this patient. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.