

Case Number:	CM15-0035875		
Date Assigned:	03/04/2015	Date of Injury:	08/13/2007
Decision Date:	04/15/2015	UR Denial Date:	02/05/2015
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:

This 53 year old female sustained a work related injury on 08/13/2007. On 06/17/2014, the injured worker underwent carpal tunnel release, left wrist. A progress report dated 09/23/2014 noted that Norco 10-325mg #60 was dispensed for pain. The progress report dated 10/21/2014, noted that the injured worker continued to have significant pain, cramping and sensitivity to her left hand. Her grip was weak to her left hand. She continued to have pain to the cervical spine with radiating pain down her left upper extremity. Pain was not rated. Improvement with the use of Norco was not mentioned. A prescription for Norco was given. There was no mention of improvement with activities of daily living. According to the most recent progress report dated 12/18/2014, the injured worker was seen for a painful condition of the neck, left shoulder, left wrist and left hand. She continued to have pain and cramping o the left hand and weakness to the left upper extremity and hand. She also reported pain to the neck with pain and numbness running down her left upper extremity. Improvement was noted from physical therapy in the past. Diagnoses included cervical spine degenerative disc with musculoligamentous strain and left hand carpal tunnel syndrome status post carpal tunnel release. Treatment plan included physical therapy and Motrin. The injured worker was temporarily totally disabled. Pain was not rated in any of the progress reports submitted for review. On 02/05/2015, Utilization Review non-certified Norco tablets 10/325mg quantity 60. According to the Utilization Review physician, there was no report regarding objective measures of functional benefit directly attributed from this medication. There was also no report regarding specifics in terms of assessing pain control in terms of level of pain since last visit, duration required for pain level improvement after

dosing of the medication and also no report regarding how long the pain relief occurred from each dosing of the medications. CA MTUS ACOEM Practice Guidelines and Official Disability Guidelines were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tablets 10/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids Page(s): 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with unrated pain in the neck, left shoulder, left wrist, and left hand. The cervical pain radiates into the left upper extremity and the patient complains of associated weakness in the left hand. The patient's date of injury is 08/13/07. Patient is status post left carpal tunnel release on 06/17/14. The request is for NORCO TABLETS 10/325MG QTY 60. The RFA was not provided. Physical examination dated 10/21/14 reveals a tenderness to palpation of the cervical paraspinal muscles, spasm to the bilateral trapezius greater on the left, and pain elicitation upon cervical motion. Left hand examination reveals a well healed surgical incision site with tenderness to palpation over the area surrounding the scar. The patient is currently prescribed Motrin and Norco. Diagnostic imaging was not included. Patient is currently temporarily totally disabled. 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. In regards to the request of Norco for the management of this patient's intractable pain, treater has not provided adequate documentation of pain reduction and functional improvement to continue use. Progress notes provided indicate that this patient has been taking Norco since at least 09/23/14, though there is no documentation of pain relief or functional improvement attributed to this medication in the subsequent reports. Furthermore, no consistent urine drug screens or discussion of a lack of aberrant behavior are provided. Owing to a lack of 4A's documentation as required by MTUS, the request IS NOT medically necessary.