

Case Number:	CM15-0039005		
Date Assigned:	03/09/2015	Date of Injury:	05/14/2012
Decision Date:	04/10/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/02/2015

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: Florida

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 44-year-old female, who sustained an industrial injury on 5/14/2012. She has reported bilateral arm and hand pain from computer work. The diagnoses have included carpal tunnel syndrome, ulnar neuropathy, and medical epicondylitis. Treatment to date has included medication therapy, bilateral wrist splints, acupuncture and had been approved for paraffin wax treatments, however, had not started per the medical records submitted. Currently, the Injured Worker complains of pain rated 7/10 VAS. The physical examination from 1/14/15 documented a positive Tinel's and Phalen's sign for both wrists with tenderness to palpation. There was decreased sensation over all fingers and thumbs bilaterally. The plan of care included continuation of Norco as previously prescribed and a repeat nerve conduction study of upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 110-115 Page(s): Criteria for use of opioids, page(s) 110-115. Decision based on Non-MTUS Citation ODG. Chronic Pain. Hydrocodone/Acetaminophen. Updated 2/04/2015.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) if the patient has returned to work, (b) If the patient has improved functioning and pain". MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. ODG guidelines do not recommend short acting opiates as first line agents in the treatment of chronic pain. ODG also makes note that the long term efficacy of opioids for the treatment of chronic nonmalignant pain remains uncertain. Regarding this patient's case, Norco is a short acting opiate and it is being used to treat chronic nonmalignant pain as a first line agent, which is not recommended by the guidelines. Likewise, this request is not considered medically necessary.