

Case Number:	CM15-0049513		
Date Assigned:	03/23/2015	Date of Injury:	08/11/2012
Decision Date:	05/01/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	03/16/2015

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 57 year old female, who sustained an industrial injury on 08/11/2012 reporting left wrist tingling paresthesias. On provider visit dated 01/20/2015 the injured worker has reported left wrist pain on examination she was noted to have tenderness along the ulnar column of the wrist, flexor carpi radialis and extensor carpi ulnaris of the base of thumb and weak grip was noted. The diagnoses have included left carpal tunnel syndrome, wrist joint inflammation, depression related to chronic pain and carpometacarpal inflammation of the thumb on the left. Treatment to date has included soft brace, thumb spica splint, MRI, injections, nerve studies, laboratory studies and medication. The provider requested Norco for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-90.

Decision rationale: Based on the 02/20/15 progress report provided by treating physician, the patient presents with pain to left shoulder, elbow and wrist. The request is for Norco 10/325MG #90. Patient's diagnosis per Request for Authorization form dated 02/20/15 includes arthropathy of hand unspecified, arthropathy not otherwise specified forearm, and chronic pain syndrome. Treatment to date has included medications, injections, splinting, TENS and imaging studies. Patient's medications include Norco, Tramadol, Protonix, and Naproxen. The patient may work with restrictions, per treater report dated 02/20/15. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a 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." Norco has been included in patient's medications per treater reports dated 10/06/14, 12/17/14, and 02/20/15. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDSs, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.