

Case Number:	CM15-0051214		
Date Assigned:	03/24/2015	Date of Injury:	08/27/1999
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/18/2015

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: Arizona, California
 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 68 year old female, who sustained an industrial injury on August 27, 1999. She reported the gradual onset of numbness and tingling of both hands. The injured worker was diagnosed as having carpal tunnel syndrome, status post bilateral carpal tunnel releases with ongoing numbness and tingling in the hands, De Quervain's tenosynovitis, and insomnia. Treatment to date has included bilateral cock-up wrist splints, home exercise program, urine drug screening, physical therapy, and medications including pain, sleep, and non-steroidal anti-inflammatory. On March 9, 2015, the injured worker complains of continued bilateral wrist pain. Her medications and bilateral cock-up wrist splints help her pain. She reports 50% decrease in pain and a 50% improvement in function with activities of daily living with her medications. The physical exam revealed positive Phalen's and Tinel's signs, positive Finkelstein maneuvers, disuse atrophy in the interosseous muscles and the thenar eminences bilaterally, and decreased grip strength bilaterally. The treatment plan includes refill of her current pain, non-steroidal anti-inflammatory, and sleep medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Norco 7.5-325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco in combination with Ultracet and Mobic (other opioids and NSAIDs). Although there was adequate pain response with the medications, the pain relief attributed to Norco cannot be determined. There is not mention of weaning attempt or Tylenol failure for breakthrough pain. Continued and chronic use of Norco is not medically necessary.