

Case Number:	CM15-0055146		
Date Assigned:	03/30/2015	Date of Injury:	02/12/2012
Decision Date:	05/07/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/23/2015

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: Preventive Medicine, Occupational Medicine

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 2/12/12. The injured worker has complaints of pain, numbness, tingling and weakness in her hands bilaterally and also pain over the anterior aspect of her left elbow in the antecubital space. The documentation noted that in 2005 she had a non-industrial surgery to lumbar spine. The diagnoses have included right carpal tunnel syndrome; recurrent left carpal tunnel syndrome; neuropathic pain syndrome, region of previous pronator muscle release anterior aspect, left elbow and probable complex regional pain syndrome, anterior left elbow. Treatment to date has included status post release of left carpal tunnel release done by the open method and a left lateral median nerve exploration and release of the pronator muscles for a pronator syndrome of the left forearm; trigger point injections; bilateral hand splints; electromyography; physical therapy; massage; analgesic creams; transcutaneous electrical nerve stimulation unit and takes Tramadol, Naprosyn and Hydrocodone. The request was for norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #45: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-80.

Decision rationale: MTUS Guidelines allow for the use of long term opioid under specific circumstances which includes meaningful pain relief, improved function from use and lack of medications related aberrant behaviors. It is adequately documented that this individual meets these Guideline criteria. Under these circumstances, the Norco 10/325 #45 is supported by Guidelines and is medically necessary.