

Case Number:	CM15-0057621		
Date Assigned:	04/02/2015	Date of Injury:	08/29/2006
Decision Date:	05/08/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/26/2015

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, Hawaii
 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 52 year old male, who sustained an industrial injury on 9/6/07. He reported bilateral wrist pain. The injured worker was diagnosed as having bilateral carpal tunnel syndrome and depression. Treatment to date has included a right carpal tunnel release on 4/23/09, left carpal tunnel release on 8/27/09, a left wrist Depo-Medrol injection, and medications. Electromyogram/ nerve conduction studies performed on 11/4/07 revealed evidence of bilateral severe median neuropathy at the wrists and no evidence of ulnar neuropathy or cervical radiculopathy. Currently, the injured worker complains of left wrist pain and numbness. A painful left thumb and first finger was also noted. The treating physician requested authorization for Norco 10/325mg #90 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #90 with 5 Refills: Upheld

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): 74-96.

Decision rationale: The patient presents with bilateral wrist pain. The current request is for Norco 10/325 MG #90 with 5 refills. The treating physician states, in a report dated 02/27/15, Norco 10 mg-325 mg tablet #90. Take 1 tablet by oral route 3 times every day as needed for pain. (103C) The MTUS guidelines state, 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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 this case, the MTUS requirements for documentation of the 4 A's have not been provided in the medical reports submitted for review. There are no before and after pain scales with opioid usage. There is no documentation of the positive effects of opioid usage on activities of daily living and the treating physician fails to discuss aberrant behaviors, CURES, or UDS. The current request is not medically necessary and the recommendation is for denial.