

Case Number:	CM15-0061737		
Date Assigned:	04/07/2015	Date of Injury:	02/19/2008
Decision Date:	05/08/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/01/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 59 year old female, who sustained an industrial injury on 02/19/2008. The injured worker is currently diagnosed as having ulnar nerve injury. Treatment to date has included ulnar nerve decompression, physical therapy, occupational therapy, exercises, Botox injection, and medications. In a progress note dated 03/04/2015, the injured worker presented with neck and left elbow complaints. The treating physician reported requesting authorization for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg # 90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured workers working diagnoses are injured worker's working diagnosis is ulnar nerve injury. According to a progress note dated February 24, 2010, the injured worker was started on Vicodin ES. In a progress note dated August 29, 2012, the injured worker was changed from Vicodin to Norco. Norco was continued through March 4, 2015. Subjectively there were no complaints of weakness, pain or numbness. Objectively, there was moderate pain in the cervical spine. There were no musculoskeletal or neurological findings documented. There are no pain assessments in the medical record (with ongoing long-term Norco use). There are no risk assessments in the medical record. There is no documentation demonstrating objective functional improvement in the medical record. There has been no attempt at weaning Norco in the medical record. Consequently, absent compelling clinical evidence with objective functional improvement, and attempt to wean, risk assessments and pain assessments with ongoing Norco, Norco 10/325 mg #90 is not necessary.