

Case Number:	CM15-0089443		
Date Assigned:	05/13/2015	Date of Injury:	09/10/1996
Decision Date:	06/22/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/08/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 53-year-old female, who sustained an industrial injury on 9/10/1996. The mechanism of injury is not indicated. The injured worker was diagnosed as having end stage carpal tunnel syndrome, fibromyalgia and severe complex regional pain syndrome, and depression. Treatment to date has included medications, ultrasound, and electrodiagnostic studies. The request is for Norco. On 10/21/2015, she was seen for follow-up and rated her pain level as 8.5/10 with medications and 10/10 without medications. She indicated to the provider she was planning her funeral. She is seen sobbing, distraught, pale, sickly, and disheveled. The provider indicated examination did not take place due to severe superficial sensitivity. The treatment plan included Vyvanse, Clonidine, Opana IR, Butrans, and Mexitil. On 3/13/2015, she reported not being able to get her medications as they had been written by the nurse practitioner instead of the physician. She indicated having to pay out of pocket for many things including electrodiagnostic studies. She complained of her end stage carpal tunnel syndrome of both hands, and associated finger tingling and numbness. She rated her pain as 9/10. She reported just utilizing Ibuprofen and that when she had used Butrans in the past it helped. The treatment plan included Vyvanse, Clonidine, Oxymorphone, Clonidine, Butrans, Zolof, and Mexitil. Several of the medical records documents contain handwritten information, which is difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg 1-2 every 4 hours #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 53 year old female has complained of wrist pain since date of injury 9/10/96. She has been treated with physical therapy and medications to include opioids since at least 10/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.