MAXIMUS Federal Services

Case Number:	CM14-0162547		
Date Assigned:	10/07/2014	Date of Injury:	07/09/2002
Decision Date:	11/12/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/02/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient reported date of injury on 7/9/2002. No mechanism of injury was provided for review. Patient has a diagnosis of wrist/carpal tunnel syndrome and joint pains of arm.Medical reports reviewed. Last report was available until 9/8/14. Patient complains of right (R) elbow and bilateral wrist pain. Pain is reportedly unchanged. Objective exam reveals R elbow with normal exam, full range of motion (ROM) and no tenderness but Tinel's positive. Wrist exam reportedly showed some swelling, on R side with positive Tinel's bilaterally. Grip was reported to be 4/5 bilaterally. Decreased patchy touch.The provider states that Norco reportedly helped decrease pain from 10/10 to 5/10 and is claimed to help work full time and care for daughter as well as performing chores and activity of daily living. The provider claims that any reduction of medications would worsen symptoms. The exact wordings and exact claim of improvement and inability to wean off opioids has been the same in every single progress note since 1/6/14 in contradiction of an increase in Norco prescription of #120/month to #180/mo from 1/31/14 to 3/17/14. A template/copy and pasted statement is found in every single progress note concerning opioid monitoring and weaning but there is no actual documentation of any of this occurring anywhere on record. Electromyography (EMG)/nerve conduction velocity (NCV) (11/22/10) was reported by provider to show mild bilateral focal median neuropathy. No other neuropathies or radiculopathies were detected. No recent Urine Drug Screen (UDS) was provided for review. Last UDS was reportedly from 7/2013 by the actual report was not provided for review.Current medications in include Norco, Naproxen, diclofenac gel, Lidocaine patch, skelexin and Trazodone. Independent Medical Review is for Norco 10/325mg #180. Prior UR on 9/19/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, quantity 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of criteria. There is no proper documentation of improvement in pain, objective improvement in activity of daily living or monitoring or side effects. There are multiple copy and pasted statement from the provider's notes claiming an improvement in pain but every single one is exactly the same copy and pasted statement going back 9 months. There is no objective documentation of improvement in function but contradictory objective data showing an increase in Norco use from 120/month to 180/month, 6 months prior. There is no appropriate documentation of a recent Urine drug screens and no appropriate screening questions for abuse or documentation of a pain contract except for a copy and pasted statement at the end of every progress note. There is not a single documented attempt to wean patient off opioids despite or prior attempts at conservative treatment or therapy. Patient is on Norco chronically without proper documentation of monitoring or management as required by MTUS guidelines. Norco prescription is not medically necessary.