

Case Number:	CM14-0193315		
Date Assigned:	12/01/2014	Date of Injury:	09/30/2008
Decision Date:	01/13/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family Medicine and is licensed to practice in North Carolina. 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:

The patient is a 46-year-old with a reported date of injury of 09/24/1998. The patient has the diagnoses of chronic wrist pain status post carpal tunnel release, lumbosacral sprain/strain, lumbar disc herniation, lumbar radiculopathy, cervical sprain/strain with disc herniation, cervical radiculopathy and recurrent bilateral carpal tunnel syndrome with tenosynovitis. Previous treatment modalities have included bilateral carpal tunnel release, bilateral cubital tunnel release, acupuncture and physical therapy. Per the most recent progress notes from the treating physician dated 11/12/2014, the patient had ongoing cervical pain rated a 6/10, constant lumbar pain rated a 7/10 and constant wrist and bilateral hand pain with frequent tingling. The physical exam noted no changes from previous exams. Treatment plan recommendation included orthopedic consult and continuation of pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg, #60: 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): 76-84.

Decision rationale: The long-term use of this medication is not recommended unless certain objective outcome measures have been met as defined in the guidelines. There is no provided objective outcome measure that shows significant improvement in function while on the medication or a return to work. There is no objective documentation of pain improvement such as VAS scores. The most recent progress reports states the pain is unchanged. For these reasons criteria for ongoing and continued use of the medication have not been met. Therefore the request is not medically necessary.