

Case Number:	CM14-0213889		
Date Assigned:	12/31/2014	Date of Injury:	06/29/2010
Decision Date:	02/25/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

This 32-year-old office assistant reported injuries due to cumulative trauma from her usual work activities, date of injury 6/29/10. Treatment has included bilateral carpal tunnel release, right shoulder surgery, a right elbow steroid injection, and medications. Three progress notes from the patient's current primary treater are available for review, ranging from 11/6/14 to 12/23/14. All document that the patient has ongoing pain in her wrists and both upper extremities. Her medications include both Norco and Xanax. Exam findings include limited right shoulder range of motion, decreased strength of the right shoulder, positive carpal compression test bilaterally, and decreased sensation of the entire right hand and the right lateral forearm. Diagnoses include shoulder pain, brachial neuritis/radiculitis not otherwise specified, reflex sympathetic dystrophy of upper limb, and carpal tunnel syndrome. The plan is always to continue current medications. The patient has been approved for a functional restoration program, and is to begin it soon. Her work status is always listed as temporarily totally disabled. There is little information in the available records about the duration of the patient's current prescriptions, but there is clear documentation that she has been taking Norco since at least 9/23/14. There is no documentation of the patient's current functional status or of any functional goals in any of the notes. A request for Norco 10/325 #180 was denied in UR on 12/12/14. MTUS Chronic Pain Guidelines, Opioids was cited as the basis for the denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain; Criteria for Use of Opioids, Steps to Take Before Therapeutic Tria.

Decision rationale: Norco 10/325 is brand-name hydrocodone 10 mg with acetaminophen 325 mg. Hydrocodone is an opioid analgesic. Per the MTUS recommendations cited above, medications should be trialed one at a time while other treatments are held constant, with careful assessment of function, and there should be functional improvement with each medication in order to continue it. Opioids should not be started without an evaluation of the patient's current status in terms of pain control and function. An attempt should be made to determine if the patient's pain is nociceptive or neuropathic. Red flags indicating that opioid use may not be helpful should be identified, as should risk factors for abuse. Opioids should be discontinued if there is no improvement in function. There is no good evidence that opioids are effective for radicular pain. If long-term use of opioids occurs, there is a need for ongoing pain and function assessments, as well as assessments for side effects, of concurrent other treatments, and of concurrent psychological issues. The clinical findings in this case do not demonstrate that any of the above guidelines have been followed. Although there is no documentation regarding how long this patient has been taking Norco, she has clearly been taking it for at least 3 months, and probably for years. There is no documentation of evaluation of whether or not the patient's pain is nociceptive or neuropathic. Given this patient's diagnoses of brachial neuritis and carpal tunnel syndrome, it is quite likely that her pain includes a significant neuropathic component, which is not necessarily likely to respond to an opioid. No assessment is documented of whether or not opioid use was likely to be helpful in this patient, or of her potential for abuse. No specific functional goals were set or followed. Most importantly, Norco was not discontinued when it became clear that it has not produced any functional improvement. The patient's status has remained at totally disabled, which implies that she has profound disabilities and inability to do even the lightest sedentary work. Based on the evidence-based guidelines cited above, and the clinical documentation provided for my review, Norco 10/325 #180 is not medically necessary. It is not medically necessary because of the lack of appropriate documentation of the patient's status prior to beginning it, because of the failure to set and monitor functional goals, and because of the failure to discontinue it when it became clear that it has not produced any functional recovery.