

Case Number:	CM14-0215600		
Date Assigned:	01/05/2015	Date of Injury:	03/08/2012
Decision Date:	03/04/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/23/2014

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: Physical Medicine & Rehabilitation

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 is a 60 year old female who suffered an industrial related injury on 3/8/12. A physician's report dated 9/11/14 noted the injured worker had complaints right wrist pain, numbness and tingling into the right hand and arm, neck pain, sleep deprivation, stress, anxiety, and depression. The injured worker participated in a short course of physical therapy for her right wrist. Diagnoses included right wrist derangement, right elbow contusion, left shoulder contusion, cervical spine myoligamentous injury, secondary sleep deprivation, and secondary stress, anxiety, and depression. A physician's report dated 12/1/14 noted physical examination findings of spinous process tenderness, paravertebral muscle spasm, and upper trapezium muscle spasm. Cervical distraction, maximum foraminal compression, shoulder decompression, and Soto Hall tests were positive on the right and left sides. The sensory evaluation revealed decreased sensation in the palm and dorsum of the right hand. Bilateral shoulder extension was decreased. Tenderness was present over the right olecranon bursa and lateral epicondyle. On 12/11/14 the utilization review (UR) physician denied the request for Norco 10/325mg #120. The UR physician noted there was no documentation of a maintained increase in function or decrease in pain with the use of this medication. The Medical Treatment Utilization Schedule guidelines do not support long term utilization of narcotic analgesics. The UR physician also noted chronic strains do not warrant narcotics, therefore the request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids - On-Going Management; When to Continu.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient presents with bilateral hip pain, has difficulty with walking, pain in his right knee, and swelling of the right wrist. The request is for NORCO 10/325 MG #150. She has been taking Norco as early as 06/11/14. MTUS Guidelines pages 88 and 89 state, Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. None of the reports provide any discussion on any change in the patient's pain and function. None of the 4A's are addressed as required by MTUS Guidelines. The treater fails to provide any pain scales. There are no examples of ADLs which demonstrate medication efficacy with the use of Norco. There are no discussions provided on adverse behaviors/side effects. There is no opiate management issues discussed such as CURES report, pain contracts, etc. No outcome measures are provided either as required by MTUS Guidelines. In addition, urine drug screen to monitor the medicine compliance has not been addressed. The treating physician does not provide the minimum requirements of documentation that are outlined in the MTUS Guidelines for continued opiate use. The requested Norco IS NOT medically necessary.