

Case Number:	CM14-0218652		
Date Assigned:	01/08/2015	Date of Injury:	10/22/2012
Decision Date:	03/05/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/30/2014

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine

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 41 year old male who sustained an industrial injury on 10/22/2012. He has reported a flare-up of right wrist pain with numbness to the thumb, index and long fingers. The diagnoses have included right wrist sprain/strain and tendonitis, volar ganglion cyst, and de Quervains tenosynovitis. Examination of the right wrist on July 28, 2014 showed tenderness over the first extensor compartment, decreased sensation along the right thumb and middle finger and along the C6 to C7 dermatomes, Finkelstein's test was positive, and range of motion was limited in all planes. Treatments to date have included consultations, diagnostic imaging studies, wrist brace, physical therapy, acupuncture, and medication management. Progress notes document prescription of Norco from January 2014 to December 2014. No urine drug screens were included in the documentation submitted. Physician's progress note of 11/17/14 documents that as a result of treatment with norco, pain was decreased, with duration of relief of 4-8 hours, and that the injured worker was able to perform activities of daily living and had improved participation in home exercise program. Work status from January 2014 to December 2014 was not working, with modifications/restrictions noted. On 12/17/2014 Utilization Review modified the request for Norco 7.5/325mg #120 to help the injured worker return to functionality, to #60 for the purpose of weaning down this medication, citing the MTUS Guidelines for chronic pain medical treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #120: 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): 74-96.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain relief as a result of use of Norco. The documentation indicates increased ability to perform activities of daily living and home exercise program as a result of Norco, but the activities of daily living were not specified. There is no evidence of decreased dependence on medical care, as office visits continue throughout the treatment period at the same rate of every 1-2 months. Work status remained unchanged; the injured worker was noted to have activity restrictions and was noted to be not working. This does not support functional improvement as defined by MTUS. There is no evidence that the treating physician has utilized a treatment plan not using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect significant improvement in pain, discussion of adverse side effects, or screening for aberrant drug-taking behaviors. No opioid contract was included in the documentation provided. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. For these reasons, the request for Norco 7.5/325 mg #120 is not medically necessary.