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| Case Number: | CM15-0007465 | | |
| Date Assigned: | 01/26/2015 | Date of Injury: | 01/03/2012 |
| Decision Date: | 03/19/2015 | UR Denial Date: | 01/05/2015 |
| Priority: | Standard | Application Received: | 01/13/2015 |

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: Arizona, 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:

The injured worker is female, who sustained an industrial injury on 01/03/2012. On provider visit dated 12/23/2014 the injured worker has reported bilateral wrist and hand pain and numbness. On examination, she was noted to have tenderness of the dorsum aspect of the right wrist with soft tissue thickening. The diagnoses have included status post right trigger finger release, status post left trigger finger release, status post left carpal tunnel release, right tennis elbow, status post right wrist arthroscopic debridement and percutaneous right lateral epicondyle release. Treatment to date has included H-wave and medication. Treatment plan included refills of previously prescribed medication. On 11/19/2014, the claimant was instructed to decrease Norco use and rely on NSAID. On 12/23/14 her pain was noted to be 3/10 with medication and 6/10 without. She was using her Norco 3 times daily. On 01/05/2015 Utilization Review non-certified Norco 10/325 mg #100 and Anaprox 550mg 1 tab 2x #60. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg 1 tab 2x/day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and Naproxen (Naprosyn) Page(s): 67,68,73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months. There was no indication of Tylenol failure. There was no indication of combining the same dose of Norco along with Anaprox when the physician was recommending a taper of Norco. Long-term NSAID use has renal and GI risks. Continued use of Anaprox is not medically necessary.

Norco 10/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications, Hydrocodone/Acetaminophen Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months. The request was for decreasing her Norco and she was only taking it up 3 times daily. In this case, there was no noted taper in frequency and the amount of tablets provided exceeded a 30 day supply if taken 3 times daily. In addition, there was no indication of Tylenol failure. The continued use of Norco as prescribed. is not medically necessary.