

Case Number:	CM15-0010621		
Date Assigned:	01/28/2015	Date of Injury:	11/03/2013
Decision Date:	03/23/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/20/2015

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: 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:

The injured worker is a 26 year old female, who sustained an industrial injury on 11/03/2013. The diagnoses have included carpal tunnel syndrome, trigger finger and hand injury. Treatment to date has included TENS unit, medications, home exercise and heat application. Currently, the IW complains of left sided neck and shoulder discomfort. Objective findings included positive Phalen's test and Tinel's test. On 1/19/2015, Utilization Review non-certified a request for ibuprofen 800mg #60 and Norco 7.5/325mg #30, noting that the clinical findings do not support the medical necessity of the treatment. The MTUS was cited. On 1/20/2015, the injured worker submitted an application for IMR for review of ibuprofen 800mg #60 and Norco 7.5/325mg #30 for symptoms related to left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #60 for symptoms related to left hand as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,67,78,127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: This patient presents with left sided neck pain and shoulder pain. The patient also suffers from carpal tunnel syndrome and trigger finger. The current request is for IBUPROFEN 800MG #60 FOR SUMPTOMS RELTED TO LEFT HAND AS AN OUTPATIENT. The Utilization review denied the request stating that there is no documentation provided that the usage of ibuprofen either decreased pain or improves functional ability. Regarding NSAIDs, the MTUS Chronic Pain Medical Treatment Guidelines page 22 states; antiinflammatories are the traditional first-line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials of the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal antiinflammatory drugs-NSAIDs-in chronic LBP and of antidepressants in chronic LBP. Progress reports dated 1/8/15 through 7/24/14 provide no discussion regarding the requested Ibuprofen. This appears to be an initial request. Given the patient s continued pain a trial of Ibuprofen may be indicated. This request IS medically necessary.

Norco 7.5/325mg #30 for symptoms related to left hand as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,67,78,127.

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

Decision rationale: This patient presents with left sided neck pain and shoulder pain. The patient also suffers from carpal tunnel syndrome and trigger finger. The current request is for NORCO 7.5/325MG #30 FOR SYMPTOMS RELATED TO LEFT HAND AS AN OUTPATIENT. For chronic opiates, the MTUS Guidelines page 88 and 89 states, pain should be assessed at each visit, and function should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4A's including analgesia, ADL's, adverse side effects, and adverse behavior. Pain assessment or outcome measures also should be provided which 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. Review of the medical file indicates the patient has been utilizing Norco since at least 9/11/14. In this case, recommendation for further use of Norco cannot be supported as there are no discussions regarding functional improvement, changes in ADL's, or change in work status to document significant functional improvement. There are no before and after pain scales to denote a decrease in pain with using long term opiate. There are no urine drug screens, CURES report, pain contracts, or any discussion regarding opiate management issues. The MTUS Guidelines requires documentation of all 4A's for continued opiate use. The treating physician has failed to provide the minimum requirements of documentation that are outlined in MTUS for continued opiate use. The requested Norco IS NOT medically necessary and recommendation is for slow weaning per MTUS.

