

Case Number:	CM15-0110386		
Date Assigned:	06/16/2015	Date of Injury:	03/26/2002
Decision Date:	07/15/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63 year old female who sustained an industrial injury on 03/26/02. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include chronic, pain that is both myofascial and neuropathic. Current diagnoses include repetitive stress injury to the bilateral upper extremities, bilateral cubital and carpal tunnel syndrome, myofascial syndrome, cervicalgia with radiculopathy, lumbago, reactive insomnia, and reactive depression and anxiety. In a progress note dated 05/07/15, the treating provider reports the plan of care as medications including Conzip, Norco, Neurontin, Naproxen, Baclofen, and omeprazole. The requested treatments include Norco and naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2002 and continues to be treated for chronic widespread pain. When seen, there were multiple areas of tenderness and muscle spasms with trigger points. There was left greater than right upper and lower extremity allodynia with dysesthesias. She had tenderness over the elbows, wrists, and knees. Tinel's testing was positive on the left and she was wearing a wrist brace. There was decreased strength and sensation and she had an unsteady gait using a walker. Medications included Norco being prescribed at a total MED (morphine equivalent dose) of 40 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control and facilitating function. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Naproxen 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary last updated 06/07/2013.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2002 and continues to be treated for chronic widespread pain. When seen, there were multiple areas of tenderness and muscle spasms with trigger points. There was left greater than right upper and lower extremity allodynia with dysesthesias. She had tenderness over the elbows, wrists, and knees. Tinel's testing was positive on the left and she was wearing a wrist brace. There was decreased strength and sensation and she had an unsteady gait using a walker. Medications included Norco being prescribed at a total MED (morphine equivalent dose) of 40 mg per day. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain as in this case. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dose is within guideline recommendations and is medically necessary.