

Case Number:	CM15-0113706		
Date Assigned:	06/22/2015	Date of Injury:	12/16/2013
Decision Date:	07/28/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/12/2015

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, North Carolina
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 a male, who sustained an industrial injury on 12/16/2013. The medical records submitted for this review did not document the details regarding the initial injury. Diagnoses include bilateral carpal tunnel syndrome; status post right carpal tunnel release 6/24/14 and left carpal tunnel release 8/2014. Treatments to date include topical Voltaren gel as needed, Norco 10/325 two a day, and physical therapy. The medical records documented intolerance to oral anti-inflammatory medication. Currently, he/she complained of increased pain the hands associated with tingling. Medication was noted to decrease pain from a 5/10 VAS to a 2/10 VAS. He is wearing wrist guards/splints. On 5/5/15, the physical examination documented a positive Tinel's sign bilaterally with tenderness in the wrists noted. The plan of care included dispensing a month supply of Norco 10/325mg #60 and a prescription for Norco 10/325mg #go with "Do Not Fill Until 6/5/15". This appeal is for Norco 10/325mg, half to one full tablet twice a day #60 "Do not dispense until 6/5/15".

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg 1/2-1 tablet BID #60 Do not dispense until 6/5/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-80.

Decision rationale: CA MTUS states that opioids have been suggested for neuropathic pain that has not responded to first line agents such as antidepressants and anticonvulsants. They are intended for short-term use in moderate to severe pain. They are not intended for long-term use. In this case, the patient underwent bilateral carpal tunnel release approximately one year ago and has been prescribed long-term opioids. The medical records submitted do not indicate continued analgesia, continued functional benefit or lack of adverse side effects. There is also no evidence that the lowest possible dose is being utilized and that an attempt at weaning is a treatment goal. The request is not medically necessary.