

Case Number:	CM15-0115496		
Date Assigned:	06/23/2015	Date of Injury:	04/25/2008
Decision Date:	07/22/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/16/2015

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 female patient who sustained an industrial injury on 04/25/2008. A primary treating office visit dated 10/07/2014 reported the patient with subjective complaint of having ongoing hand and wrist pain. She states using Norco and Duragesic patches to control the pain. In addition, she takes Prilosec, Cymbalta, Colace, Biofreeze and Pennsaid. The patient is allergic to Codeine, ASA, and Morphine. There is ongoing tenderness to percussion of the wrist with equal hand grasps, but weak bilaterally. She was diagnosed with: chronic repetitive strain disorder of the upper extremity; status post right 3rd, 4th digits trigger finger release 06/2010; status post left 2nd, 3rd, and 4th trigger fingers release on 01/06/2011; status post carpal tunnel release 02/2009, left carpal tunnel release 04/2009; previously documented fibromyalgia; right thumb surgery on 11/12/2009; status post left thumb surgery 04/08/2009, and electrodiagnosic nerve conduction study done on 05/31/2012 showing a right side with moderate level of terminal median nerve dysfunction; left side with moderate to severe terminal median nerve dysfunction. She was given two months' supply of medications and follow up in 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg #120 for DOS 4/21/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

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

Decision rationale: The claimant sustained a work injury in April 2008 and continues to be treated for bilateral wrist and hand pain. Medications are referenced as decreasing pain from 8/10 to 5/10. When seen, she was uncomfortable appearing. She was wearing bilateral wrist splints. Medications being prescribed include Duragesic and Norco at a total MED (morphine equivalent dose) of 100 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. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.