

Case Number:	CM15-0122063		
Date Assigned:	07/06/2015	Date of Injury:	07/25/2003
Decision Date:	07/31/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/24/2015

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 30-year-old female, who sustained an industrial injury on July 25, 2003, incurring bilateral hands, wrists and upper extremities injuries secondary to repetitive motions. She was diagnosed with De Quervain's stenosing tenosynovitis of the wrists and tendinitis in the hands and wrists. Treatment included pain medications, hand splinting, topical analgesic cream, physical therapy, deep tissue massage therapy, neuropathic medications, surgical interventions, and activity restrictions and modifications. Currently, the injured worker complained of persistent shoulder pain radiating down into her hands. She complained of weakness of gripping and grasping, numbness and sharp pain in both hands, and difficulty driving. The treatment plan that was requested for authorization included a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in July 2003 and continues to be treated for radiating shoulder pain. When seen, she was struggling while working part-time. There had been no change in her pain pattern. Physical examination findings were unchanged. There was decreased grip strength. Xanax and Norco were refilled. 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. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.