

Case Number:	CM15-0122523		
Date Assigned:	06/29/2015	Date of Injury:	02/24/2003
Decision Date:	07/29/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/25/2015

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 (IW) is a 58 year old female who sustained an industrial injury on 02/24/2003. She reported that in 1999, she began to experiencing pain in the neck that later radiated down to her left shoulder and the wrist. She denied having sustained specific injury or trauma. She also began to experience numbness in the fingers and thumb or her left hand which was followed by right shoulder, arm and wrist pain with numbness in the right hand in 2002. Later in 2002 she began to experience lower back pain. On 02/24/2003, her pains became worse. The injured worker was diagnosed as having cervical musculoligamentous sprain/strain with bilateral upper extremity radiculitis and two -to-three millimeter disc bulges at C6-C7 levels, and three -to-four-millimeter disc bulges at C7-T1 with mild central canal stenosis at C5-T1 per MRI scan dated 04/17/2003, and bilateral wrist/forearm tendinitis, De Quervain's tenosynovitis and left carpal tunnel syndrome with history of right carpal tunnel release on July 10, 2008. Treatment to date has included medications, MRI (04/17/2003), psychiatric evaluations, wrist braces and physiotherapy. X-rays on 02/19/2015 revealed mild to moderate facet osteoarthritis. The worker had right carpal tunnel release surgery on 07/10/2008. Currently, the injured worker complains of a flare up of pain in the bilateral wrists that began in February 2015. She has tenderness to palpation with spasm over the paravertebral musculature, axial compression test is positive, and her active range of motion is decreased. There is a well-healed surgical scar on the right wrist and tenderness to palpation over the first extensor compartment bilaterally. Active range of motion is decreased. The plan of treatment is for acupuncture two times per week for three weeks to the cervical spine and bilateral wrists. Activity restrictions of no heavy lifting, no

repetative or forceful gripping (bilateral) and no forceful pushing/pulling (bilateral). Medications were ordered with urine drug screen monitoring. A request for authorization is made for the following: 1. Norco 5/325mg #60; 2. 1 random urine drug screen; and 3. Neurontin 600mg #60

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury of 2003 without acute flare, new injury, or progressive deterioration. The Norco 5/325mg #60 is not medically necessary and appropriate.

1 random urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute

injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The 1 random urine drug screen is not medically necessary and appropriate.