MAXIMUS Federal Services

Case Number:	CM15-0129397		
Date Assigned:	07/16/2015	Date of Injury:	03/01/2011
Decision Date:	09/01/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/03/2015

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 is a 46 year old female, who sustained an industrial injury on 3-1-2011. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include left De Quervain's tenosynovitis, status post surgery, left lateral epicondylitis, status post epicondylectomy, bilateral carpal tunnel syndrome, bilateral radial tunnel syndrome and left cubital tunnel syndrome. Treatments to date include anti-inflammatory, NSAID, Norco, splints, cortisone injections, and acupuncture treatments. Currently, she complained of pain in bilateral hands and left elbow. The pain was rated nine out of ten VAS without medication and six out of ten with medication. The records indicated Norco was taken before bed with good effect. She was working full time. On 6-3-15, the physical examination documented tenderness of bilateral wrists, bilateral elbows, and swelling and tenderness in bilateral hands. The plan of care included a prescription for Norco 5-325mg, one tablet twice a day as needed, #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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and 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 the patient with acute onset and flare-up of pain, unable to work due to sudden progression of pain and clinical findings. 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 indication the patient is able to have functional benefit in light of the acute flare while remaining to work full time. The Norco 5/325mg #60 is medically necessary and appropriate.