

Case Number:	CM15-0172978		
Date Assigned:	09/15/2015	Date of Injury:	01/30/2002
Decision Date:	10/21/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/02/2015

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, Hawaii
 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 49 year old female injured worker suffered an industrial injury on 1-30-2002. The diagnoses included repetitive stress disorder of the right upper extremity. On 8-18-2015 the treating provider reported pain in the right upper extremity and dropping heavier items that radiated towards the shoulder and neck which is improved with medications. The pain scores have been 9 out of 10 without medications which is unchanged over the prior 3 months. She stated the hydrocodone started working in about 10 minutes to 15 minutes and reduced the pain by 50% for 6 hours at a time. On exam there was swelling of the right arm, thumb and 1st and 2nd fingers of the right hand with tenderness of the right elbow. Prior treatments included medications and TENS unit. Activity and function declined without Hydrocodone. Specific details of functional performance were not included in the medical record. The documentation provided included no evidence of a current aberrant drug assessment within the prior 6 months. The Utilization Review on 8-26-2015 determined modification for Norco 10/325 mg, 120 count to 90 count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 120 count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The patient presents with pain affecting the right upper extremity with radiation to the shoulder and neck. The current request is for Norco 10/325 mg, 120 count. The treating physician report dated 8/18/15 (113B) states, "8-18-15-hydrocodone denied and pain levels increased. Activity and functioning declined. Not happy with lack of productivity. With daily medication dosing, able to perform ADLs, remain active and sleep better." She states that 10mg of hydrocodone starts working in about 10-15 min and reduces her pain by 50% for 6 hours at a time. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Norco since at least 1/13/14 (34B). The report dated 8/18/15 (114B) notes that the patient's pain level is 9/10 without current medication. No adverse effects or adverse behavior were noted by patient. The patient's ADL's have improved and her pain level decreases by 50% when taking Norco. The continued use of Norco has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.