

Case Number:	CM15-0178476		
Date Assigned:	09/18/2015	Date of Injury:	09/19/1996
Decision Date:	10/22/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/10/2015

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: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55 year old woman sustained an industrial injury on 9-19-1996. The mechanism of injury is not detailed. Diagnoses include carpal tunnel syndrome, cervical spondylosis, ulnar nerve lesions, and cervical degenerative disc disease. Treatment has included oral and topical medications. Physician notes dated 8-14-2015 show complaints of low back and right knee pain rated 8 out of 10 both at the worst and on average. The physical examination shows tenderness to the elbows with a positive Tinel's on the right elbow at the ulnar groove, Tinel's positive at the left wrist, tennis elbow strap, positive carpal tunnel compression test bilaterally, positive Phalen's on the right side, and positive Tinel's sign in the cubital tunnel. No examination of the low back is noted. Recommendations include Norco, Lidoderm patch, and follow up in four weeks. Utilization Review denied a request for Norco citing failure to report the worker's work status, failure to return to work, or significant documentation of improvement in function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 1/325mg 1 tab 5 times daily as needed for 28 days #140: Upheld

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 for chronic pain.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back and right knee pain rated 8 out of 10 both at the worst and on average. The physical examination shows tenderness to the elbows with a positive Tinel's on the right elbow at the ulnar groove, Tinel's positive at the left wrist, tennis elbow strap, positive carpal tunnel compression test bilaterally, positive Phalen's on the right side, and positive Tinel's sign in the cubital tunnel. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 1/325mg 1 tab 5 times daily as needed for 28 days #140 is not medically necessary.