

Case Number:	CM15-0178800		
Date Assigned:	09/21/2015	Date of Injury:	02/16/2009
Decision Date:	10/29/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/11/2015

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:

This is a 45-year-old female worker who was injured on 2-16-2009. The medical records indicated the injured worker (IW) was treated for status post right dorsal first compartment release; bilateral DeQuervain's; status post bilateral carpal tunnel releases; bilateral medial and lateral epicondylitis; bilateral ulnar neuritis; cervical spine sprain and strain, chronic; and status post left dorsal first compartment release. In the progress notes (4-14-15 to 7-8-15), the IW remained stable, with complaints of neck and upper extremity pain rated 7 to 9 out of 10 and decreased to 4 to 5 out of 10 with medications. Medications allow her to do her housework. Medications included Anaprox DS (since at least 1-15-15) twice daily, Norco 10-325mg (since at least 1-15-15) four times daily, Synovacin three times a day and Valium. She remained temporarily totally disabled. The physical examinations (4-14-15 to 7-8-15) remained stable, with noted tenderness across the cervical trapezial ridge and over the facet joints. Range of motion was decreased and painful. Spasms were noted. Axial compression produced pain. The right hand palmar incision was healed and grip strength was diminished. Left hand and wrist incisions were healed and there was tenderness to the left palm and grip 4 out of 5. The bilateral elbows were tender medially and laterally, with positive Tinel's sign along the ulnar distribution, bilaterally. Treatments included home exercise program (helpful), medications (helpful), H-wave unit (helpful), medical marijuana (helpful) and physical therapy for the hands (12 sessions, helpful). A urine drug screen on 3-11-15 was consistent with prescribed medications and medical marijuana. A Request for Authorization was received for Anaprox 550mg #60 and Norco 10-325mg #120. The Utilization Review on 8-21-15 non-certified the request for Anaprox 550mg #60 and modified Norco 10-325mg #120 to allow #60 for weaning purposes per the CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550 MG #60: 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): Anti-inflammatory medications.

Decision rationale: Based on the 7/8/15 progress report provided by the treating physician, this patient presents with chronic bilateral hand/wrist pain with paresthesias, bilateral elbow pain, and chronic neck pain rated 7-9/10 without medications and 4-5/10 with medications. The treater has asked for Anaprox 550 mg #60 on 7/8/15. The request for authorization was not included in provided reports. The patient is able to do her housework with aid of medications per 7/8/15 report. The patient is s/p bilateral dorsal 1st compartment releases, and s/p bilateral carpal tunnel releases per 5/26/15 report. The patient will continue with home exercise program and H-wave unit, which has helped per 7/8/15 report. The patient reports a new burning in her right hand over the second digit per 5/26/15 report. The patient's work status is temporarily totally disabled per 7/8/15 report. MTUS, Anti-inflammatory medications section pg 22 states: "Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of anti-depressants in chronic LBP." MTUS, Medications for Chronic Pain section, pg. 60 states: "Recommended as indicated below. Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In this case, a prescription for Anaprox is first noted in progress report dated 12/10/14, and in reports dated 1/28/15, 4/14/15, and 7/8/15. The treater does not discuss the impact of the medication on pain and function, as required by MTUS page 60. There is no indication that Anaprox reduces pain and helps the patient perform activities of daily living with greater ease. Given the lack of documentation regarding efficacy, the request is not medically necessary.

Norco 10/325 MG #120: 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): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: Based on the 7/8/15 progress report provided by the treating physician, this patient presents with chronic bilateral hand/wrist pain with paresthesias, bilateral elbow pain, and chronic neck pain rated 7-9/10 without medications and 4-5/10 with medications. The treater has asked for Norco 10/325 mg #120 on 7/8/15. The request for authorization was not included in provided reports. The patient is able to do her housework with aid of medications per 7/8/15

report. The patient is s/p bilateral dorsal 1st compartment releases, and s/p bilateral carpal tunnel releases per 5/26/15 report. The patient will continue with home exercise program and H-wave unit which has helped per 7/8/15 report. The patient reports a new burning in her right hand over the second digit per 5/26/15 report. The patient's work status is temporarily totally disabled per 7/8/15 report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The treater does not discuss this request in the reports provided. Patient has been taking Norco since 12/10/14 and in reports dated 1/28/15, 5/26/15, and 7/8/15. The treater states that medications, which include Norco, decrease pain and allow her to do housework per 7/8/15 report. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. A urine drug screen dated 6/3/15 was consistent, but no CURES and no opioid contract provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request IS NOT medically necessary.