

Case Number:	CM15-0070404		
Date Assigned:	04/17/2015	Date of Injury:	07/24/2012
Decision Date:	05/27/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/13/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 52 year old female who sustained an industrial injury on 7/24/12 involving bilateral upper extremity. She is status post left carpal tunnel release and ulnar nerve transposition (1998). She currently complains of bilateral low back pain radiating down the left buttocks and left lower extremity. She has bilateral groin pain. Her pain level is 7/10. She has neck pain up to the left upper trapezius region. She has sleep difficulties. Her activities of daily living are limited due to pain. Industrial medications are Naprosyn, oxycodone. Diagnoses include left carpal tunnel release (1998); elbow surgery (1998); transforaminal lumbar inter-body fusion (2013); right cubital tunnel syndrome with medial epicondylar symptoms; right carpal tunnel syndrome; left thumb stenosing tenosynovitis or trigger finger; chronic low back pain, status post transforaminal lumbar inter-body fusion (4/2014); chronic neck and shoulder pain. Treatments to date include medications; night time splints; cortisone injection into right hand with less night time awakenings; physical therapy lumbar spine, home exercises. Diagnostics include electrodiagnostic testing of bilateral upper extremities (12/15/13) abnormal; x-rays of right and left elbows (no date) abnormal; right and left thumb x-rays noted to be unremarkable. In the progress note dated 2/26/15 the treating provider's plan of care requests Norco for pain. The injured worker is not currently working. The medications listed are Zanaflex, gabapentin and Norco. The IW had previously utilized Percocet and Valium from another provider but there was termination of doctor-patient relationship due to unspecified opioid medication issues. There is no UDS or CURES report provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-97, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedative medications. The records indicate that the patient discontinued chronic opioid treatment with another provider due to unspecified doctor-patient conflict. There is no documentation by the current provider of failure of treatment with NSAIDs and non opioid co-analgesic medications. The guidelines recommend that a baseline UDS be performed at initiation of chronic opioid treatment. There is no documentation of guidelines required compliance monitoring of UDS, CURES data reports, absence of aberrant behavior and functional restoration. The criteria for the use of Norco 10/325mg #120 is not medically necessary.