

Case Number:	CM15-0073220		
Date Assigned:	04/23/2015	Date of Injury:	05/15/2013
Decision Date:	05/20/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/17/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 56-year-old female who sustained an industrial injury on 5/15/13. She has reported initial complaints of right elbow and right wrist pain as a result of repetitive work. The diagnoses have included chronic myofascial pain syndrome cervical and thoracic spine, bilateral carpal tunnel syndrome, bilateral ulnar nerve entrapment both elbows, right medial epicondylitis, and left thumb sprain. Treatment to date has included medications, diagnostics, pain management, bilateral wrist braces, and home exercise program (HEP). The diagnostic testing that was performed included electromyography (EMG)/ nerve conduction velocity studies (NCV) of the bilateral upper extremities, and Magnetic Resonance Imaging (MRI) of the right wrist and elbow. Currently, as per the physician progress note dated 2/24/15, the injured worker complains of frequent pain and numbness in both hands and elbows, constant neck, upper and lower back pain and pain and numbness in the bilateral lower extremities. She reports that with her current medications she gets greater than 60-80 percent improvement in her pain and function. The pain has decreased from the previous visit it was rated 6-8/10 on pain scale and with current visit it was rated 5-6/10. She reports feeling depressed and difficulty sleeping. The objective findings revealed restricted range of motion in the cervical spine and lumbar spine. The range of motion in the right wrist and elbow were slightly decreased. The cervical, thoracic, lumbar and gluteal regions revealed multiple myofascial trigger points and taut bands. The right revealed positive Phalen's and Tinel's sign, there was tenderness in the medial epicondyle on the right, sensation was decreased in the right hand and there was decreased grip strength in the right hand. Work status was temporary totally disabled for the next 6 weeks. The physician noted she was given prescriptions for Norco and Prilosec. The physician requested treatment included Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #90 is not medically necessary.