

Case Number:	CM15-0075843		
Date Assigned:	04/27/2015	Date of Injury:	02/01/2002
Decision Date:	05/27/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/20/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 65 year old female sustained an industrial injury to the neck and bilateral hands on 2/1/02. Previous treatment include left third and fifth trigger finger release, right third trigger finger release, physical therapy, hand therapy and medications. In a PR-2 dated 2/13/15, the injured worker complained of ongoing neck and bilateral hand pain. The physician noted that on the injured worker's last visit, dated 1/13/15, the injured worker had complained of pain to bilateral hands, palms, wrist and shoulders. Physical exam from 1/13/15 was remarkable for tenderness to palpation to bilateral hands and wrists with limited range of motion. Current diagnoses include bilateral thumb pain, bilateral finger tenosynovitis, bilateral hand pain, bilateral wrist pain and carpal tunnel syndrome. The physician requested authorization for the prescription given on 1/13/15 for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 Prescription of Norco 7.5/325mg #90 DOS 01/13/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 2/1/02. The medical records provided indicate the diagnosis of bilateral thumb pain, bilateral finger tenosynovitis, bilateral hand pain, bilateral wrist pain and carpal tunnel syndrome. Treatments have included left third and fifth trigger finger release, right third trigger finger release, physical therapy, hand therapy and medications. The medical records provided for review do not indicate a medical necessity for 1 request for Retrospective request for 1 Prescription of Norco 7.5/325mg #90 DOS 01/13/15. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate the injured worker's use of opioids predates 05/2014, but there has been no overall improvement; the injured worker is not properly monitored for adverse effects, pain control and activities of daily living. Therefore the request is not medically necessary.

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Decision rationale: The injured worker sustained a work related injury on 2/1/02. The medical records provided indicate the diagnosis of bilateral thumb pain, bilateral finger tenosynovitis, bilateral hand pain, bilateral wrist pain and carpal tunnel syndrome. Treatments have included left third and fifth trigger finger release, right third trigger finger release, physical therapy, hand therapy and medications. The medical records provided for review do not indicate a medical necessity for 1 request for Norco 7.5/325mg #90. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate the injured worker has been using this medication since 04/2014 with no overall improvement; the injured worker is not properly monitored for adverse effects, pain control and activities of daily living. Therefore the request is not medically necessary.

Retrospective request for Urine Drug Screen DOS 01/13/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing.

Decision rationale: The injured worker sustained a work related injury on 2/1/02. The medical records provided indicate the diagnosis of bilateral thumb pain, bilateral finger tenosynovitis, bilateral hand pain, bilateral wrist pain and carpal tunnel syndrome. Treatments have included left third and fifth trigger finger release, right third trigger finger release, physical therapy, hand therapy and medications. The medical records provided for review do not indicate a medical necessity for Retrospective request for Urine Drug Screen DOS 01/13/15. The MTUS recommends the use of drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs in patients on treatment with such medications like Opioids. The requested test is not medically necessary since the use of opioids has been determined not to be medically necessary.