

Case Number:	CM15-0098416		
Date Assigned:	05/29/2015	Date of Injury:	03/30/1993
Decision Date:	07/03/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/21/2015

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:

The injured worker is a 62-year-old female, who sustained an industrial/work injury on 3/30/93. She reported initial complaints of wrist and back pain. The injured worker was diagnosed as having s/p bilateral carpal tunnel syndrome. Treatment to date has included medication, diagnostics, surgery (carpal tunnel release), home exercise and stretches. Currently, the injured worker complains of pain and numbness/tingling about her bilateral waists (R>L) rated 6-7/10 on the right and 4-5 on the left side. Pain was exacerbated with use. Per the primary physician's progress report (PR-2) on 5/4/15, examination revealed bilateral wrist tenderness, mostly over the bilateral carpal tunnels, distal forearm tendons bilateral tenderness, full bilateral wrist active range of motion but with pain with extremes of flexion and extension bilaterally, ability to make fists, and positive Tinel's sign and Phalen's test bilaterally. Current plan of care included opioid agreement, medication, home exercises, and re-evaluation. The requested treatments include 1 prescription of Norco 5/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 5/325mg, #70: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient complains of pain, numbness and tingling in bilateral wrists, rated at 6-7/10 on the right and 4-5/10 on the left, as per progress report dated 05/04/15. The request is for NORCO 5/325mg # 70. There is no RFA for this case, and the patient's date of injury is 03/30/93. The patient is status post bilateral carpal tunnel release, as per progress report dated 05/04/15. The patient is not working, as per the same progress report. MTUS Guidelines 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 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. In this case, a prescription for Norco is first noted in progress report dated 02/19/15, and the patient has been taking the medication consistently at least since then. No CURES report was available for review and UDS, dated 02/19/15, was inconsistent, as per progress report dated 03/17/15. Another UDS was performed on 05/28/15, after the UR denial date. Its results are not known. However, as per progress report dated 05/04/15, Norco helps reduce pain 7-8/10 to 3/10. The treater also states that "She notes improvement with her activities of daily living, as well as an increased ability to drive, and work on her computer at her home, as a result of her current medication usage." Given the improvement in pain and function, the request IS medically necessary.