

Case Number:	CM15-0099199		
Date Assigned:	06/01/2015	Date of Injury:	04/15/2013
Decision Date:	06/30/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/22/2015

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:

This 65 year old female sustained an industrial injury to the neck and bilateral upper extremities via repetitive trauma on 4/15//13. Previous treatment included electromyography, left carpal tunnel release (2/2013), left ulnar nerve release with medial epicondylectomy (2014), acupuncture, injections and medications. In a PR-2 dated 4/7/15, complained of continuing pain rated 5-6/10 on the visual analog scale with any range of motion or activities of daily living. The injured worker reported that right elbow pain with radiation into the wrist and hand had been progressively worsening for the past few weeks. The injured worker could not move the right thumb to grip anything. The injured worker stated medications gave her temporary relief. Physical exam was remarkable for cervical spine with tightness and spasm at the trapezius and sternocleidomastoid muscles, decreased range of motion and positive Spurling's and compression tests, decreased range of motion to bilateral shoulders with positive impingement, bilateral wrists with positive Tinel's and Phalen's signs and right elbow with decreased range of motion, positive Tinel's sign and tenderness to palpation in the medial and lateral epicondyle. Current diagnoses included cervical spine sprain/strain, cervical spine herniated disc, left shoulder sprain/strain with impingement, bilateral elbow sprain/strain, left carpal tunnel syndrome, left wrist internal derangement, anxiety, depression, memory impairment, cephalgia, diabetes, weight gain, status post left carpal tunnel syndrome, status post right carpal tunnel syndrome, status post right DeQuervain's release, status post left elbow cubital tunnel release, right elbow lateral epicondylitis, right elbow internal derangement, right shoulder supraspinatus tear and right wrist dorsal intercalated segment instability. The treatment plan included

ultrasound guided cortisone injection for the right wrist and right elbow, requesting authorization for right shoulder arthroscopic surgery revision for recurrent tear and refilling medications (Norco and Gabapentin).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

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's 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 return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #60 is not medically necessary.