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| Case Number: | CM14-0144658 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 05/09/2006 |
| Decision Date: | 10/07/2014 | UR Denial Date: | 08/07/2014 |
| Priority: | Standard | Application Received: | 09/08/2014 |

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

After careful review of the medical records, this is a 56 year old female with complaints of bilateral hand pain. The date of injury is 5/9/06 and the mechanism of injury is not elicited. At the time of request for Norco 10/325 #150, there is subjective (bilateral upper extremity numbness, tingling, and pain) and objective (tenderness medial aspect of wrist, left greater than right, positive tinel's sign much greater left than right, decreased sensory 1st and 2nd digits both hands) findings, imaging findings (none), other diagnostics (EMG upper extremities shows right carpal tunnel syndrome with borderline carpal tunnel syndrome left), diagnoses (right thumb pain s/p right thumb resection arthroplasty CMC, Carpal tunnel syndrome s/p bilateral carpal tunnel release) and treatment to date (medications, surgery, exercise, wrist splinting at night). A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norco 10/325mg dispensed 6/10/14 quantity: 150.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): (s) 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. Unfortunately, according to the treating physician's progress note dated 6/10/14, the patient was not using that quantity of hydrocodone and it was unclear in the note whether the patient actually needed pain medication. Therefore, the request for Norco 10/325 #150 is not medically necessary.