

Case Number:	CM13-0059518		
Date Assigned:	12/30/2013	Date of Injury:	11/13/2010
Decision Date:	05/06/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/02/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases, and is licensed to practice in California. 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:

The injured worker is a 24-year-old female who reported an injury on 11/13/2010. The injured worker reportedly hyper extended her wrist to keep a salad bowl from falling off a tray. Current diagnoses include CRPS of the right upper extremity, chronic pain syndrome, and pain related anxiety disorder. The injured worker was evaluated on 08/01/2013. The injured worker reported worsening pain. Physical examination revealed guarding of the right upper extremity, limited range of motion, atrophy of the right upper extremity, hypo pigmentation of the right upper extremity, and severe allodynia. Treatment recommendations included continuation of current medication and a referral to a HELP Functional Restoration Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 1Q 6HRS AS NEEDED QTY 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, NORCO Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and

functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has utilized Norco since 2011. Despite ongoing use of this medication, the injured worker continues to report persistent pain. Satisfactory response to treatment has not been indicated. Therefore, the request is non-certified.

XANAX 0.25MG Q 8 HRS QTY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT GUIDELINES, BENZODIAZEPINES , 24

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long term use, because long term efficacy is unproven and there is a risk of dependence. The injured worker has utilized Xanax 0.25 mg since 2012. Satisfactory response to treatment has not been indicated. Although the injured worker maintains a diagnosis of pain related anxiety disorder, California MTUS Guidelines state a more appropriate treatment for anxiety disorder is an antidepressant. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

OPANA ER 15MG Q 12 HRS QTY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OXYMORPHIONE Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Opana ER since 2012. Despite ongoing use of this medication, the injured worker continues to report persistent pain. Satisfactory response to treatment has not been indicated. Therefore, the request is non-certified.