MAXIMUS Federal Services

Case Number:	CM14-0013858		
Date Assigned:	02/26/2014	Date of Injury:	02/01/2003
Decision Date:	10/23/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/03/2014

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 Occupational Medicine 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 female with date of injury 2/1/2003. Per pain management progress note dated 12/31/2013, the injured worker complains of right hand pain that radiates to the right shoulder. Pain is described as sharp, burning, throbbing and stabbing, and rated at 8/10 in severity. The pain radiates to the right shoulder. Pain is aggravated by extreme heat, touching and daily activities, and is relieved by medication. On examination the injured worker is in no acute distress. Her right forearm is in flexion position through the appointment with the right hand in claw formation. Diagnosis is complex regional pain syndrome of the upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, #240, 30 DAYS (1 OF 2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Therapy Page(s): 80-181.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section, Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on

non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The requesting physician reports that the injured worker has been stable on current medication regimen and has been able to maintain function especially with activities for daily living. She is able to function at a higher level than if off the current regimen. Without the current medical regimen she would not be able to continue with her current activity level. Progress note dated 6/4/2014 explains that the injured worker has been left with severe nerve damage to the right hand as a result of complications during carpal tunnel release in 2005. She has completely lost the use of right hand and continues to have moderate to severe pain and spasm related to her injury. There is no intention of changing her medications as they have allowed her to maintain a less painful existence and better quality of life. In the last year she has decreased her medications as much as possible (discontinue Nucynta, decreased Methadone, decreased Valium, and decreased frequency of Temazepam). At the time of this request, the injured worker had been prescribed methadone 10 mg, 5 tablets every 8 hours, and Norco 10/325 mg, 2 pills every 6 hours. The Morphine Equivalent Dose (MED) is 1880 mg, well in excess of the 120 mg ceiling recommended by the MTUS Guidelines. Although the requesting physician reports that the injured worker is stable on medications, and some medications have been reduced, high dose opioid medications are not consistent with the recommendations of the MTUS Guidelines for treatment of chronic pain. The request for NORCO 10/325MG, #240, 30 DAYS (1 OF 2) is determined to not be medically necessary.