MAXIMUS Federal Services

Case Number:	CM14-0122397		
Date Assigned:	09/16/2014	Date of Injury:	03/08/2011
Decision Date:	11/03/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/04/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 32 year old female with an injury date of 03/08/10. Based on the 06/25/14 report provided by [redacted], the patient complains of continued pain and swelling of her left wrist and hand, with areas of hypersensitivity to temper changes. She also has bluish and reddish discoloration to her palms and finger. Overall, the patient feels that the pain in her left hand wrist limits her activities of daily living about 75% of the time. Diagnoses are as follows: 1) Probable complex regional pain syndrome, upper left extremity; 2) Status post left carpel tunnel release and de Quervain's release (09/18/13), with residual deficits. [redacted] is requesting a decision for retrospective Norco 10/325mg #120. The utilization review determination being challenged is dated 07/31/14. [redacted] is the requesting provider. Treatment reports have been provided from 12/13/13 - 07/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 124.

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

Decision rationale: The patient presents with continued pain and swelling of her left wrist and hand, with areas of hypersensitivity. According to her progress report dated 06/25/14 she rates her pain at 8/10 intensity. The request is for decision for retrospective Norco 10/325mg #120. On 02/05/14 [redacted] changed her treatment plan from Norco to Vicodin because the patient stated she responds better to Vicodin. But, a progress report dated 6/25/14 states she is taking Norco with no discussion as to why she patient is back on Norco. 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, there is no discussion as to why the patient has been switched back to Norco when it was not working very well. None of the reports discuss the four A's as required by MTUS. No urine toxicology is discussed for opiate monitoring. Recommendation is that the request is not medically necessary.