

Case Number:	CM14-0152011		
Date Assigned:	09/19/2014	Date of Injury:	02/24/2006
Decision Date:	10/23/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/12/2014

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 Family 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:

56 year old female had a date of injury on 2/24/06. Past medical history is significant for patient injuring her right upper extremity several years ago. Diagnosis include mononeuritis of upper limb, lesion median nerve, brachial neuritis, rotator cuff injury, major depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco, #120 (unspecified drug strength/days supply): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, and on the website Physician's Desk Reference, 68th ed. www.RxList.com, and on the website ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 81.

Decision rationale: According to guidelines first line treatment for pain is Acetaminophen or an NSAID. It is not documented as to whether these medications have improved pain. It is unclear if Norco will be used for neuropathic pain or chronic pain. For neuropathic pain there is no mention of first line treatment being used which include antidepressants or anticonvulsants.

Secondly there are no clear studies proving advantages of long term opioid therapy for chronic pain. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long range adverse effects such as hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect.