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| Case Number: | CM14-0170874 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 07/20/2013 |
| Decision Date: | 11/21/2014 | UR Denial Date: | 10/02/2014 |
| Priority: | Standard | Application Received: | 10/16/2014 |

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 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:

This is 51-year-old male with a date of injury 07/20/2013. The mechanism for his injury is right arm pain resulting from repetitive lifting while performing work related duties as well as subsequent elbow surgeries. He has been diagnosed with complex regional pain syndrome and reflex sympathetic dystrophy. A progress note dated 7/29/2014 reveals that the patient had subjective complaints including radiating pain, numbness and weakness of his right upper extremity exacerbated by lifting objects against gravity. Objective findings from that evaluation include limited range of motion in right elbow limited by pain and swelling that had improved since the most recent exam, decreased strength throughout the right extremity on manual muscle testing, decreased sensation to light touch in the right extremity and limited functional capacity demonstrated by limited ability to lift objects resulting from tension and stiffness of the right forearm. Urine drug screening on 08/19/2014 was positive for opioids, benzodiazepines and Oxycodone, which was also observed on prior drug screenings. Treatment to date: medications for pain including one tablet of Norco 10/325 mg every 4-6 hours as needed and Gabapentin 300 mg every 8 hours; physical therapy; right epicondyle and cubital tunnel release as well as debridement of the radial nerve. The Utilization Review decision dated 10/01/2014 denied the request for 25 additional tablets of Norco 10/325 mg to take every 4-6 hours as needed because he had already been taking Norco on an ongoing basis and it was insufficiently controlling his pain. The reviewer also notes that the patient had a history of running out of his pills early which indicates that he was taking more than what was prescribed and indicates the patient was most likely not experiencing the desired benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #25: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS 2009 guidelines state that chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. 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. In this case, the patient has demonstrated that Norco is not effective in alleviating his pain because he has been needed to more pills than prescribed and continues to complain of pain at the same intensity in his right upper extremity despite chronic use. Therefore, continued use of this medication with more pills is not practical. Furthermore, the patient has had several urine drug screenings that have been positive for Oxycodone in addition to opiates (Norco). Since Norco is a combination of acetaminophen and Hydrocodone and there is no evidence that the requesting provider has prescribed him oxycodone, it is unclear why he has been consistently positive for other opioids. This may further indicate that the patient's pain is not adequately controlled with Norco. Therefore, the request for Norco is not medically necessary.