

Case Number:	CM14-0055579		
Date Assigned:	07/09/2014	Date of Injury:	11/11/2011
Decision Date:	09/24/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/24/2014

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 57-year-old male with a date of injury of 11/11/2011. The listed diagnosis per [REDACTED] is complex regional pain syndrome I, right upper extremity. According to progress report 02/27/2014 by [REDACTED], the patient presents with right upper extremity pain described as burning. The pain in his right hand extends up to his arm and there are color changes reported in the hand. Examination of the upper extremity revealed guarding, swelling and a blue hue to the right hand. There is increased pain with range of motion of the hand and the patient is unable to make a fist. There is increased pain with range of motion. The patient is positive for allodynia. The patient's current medication regimen includes Norco, Ambien and Xanax. The treater is requesting a refill for Norco 10/325 mg #120 for patient's pain. Utilization review denied the request on 03/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325mg PO QID PRN Q 6-8 HOURS FOR PAIN #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with complex regional pain syndrome I in the right upper extremity. The treater is requesting a refill of Norco 10/325 mg p.o. q.i.d. p.r.n. 6 to 8 hours for pain, #120. 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. The 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. Review of the medical file indicates the patient has been taking Norco since 10/10/2013. The medical file provided for review includes progress reports from 10/10/2013 through 02/27/2014. Report 11/07/2013 indicates medications help alleviate severe pain and improve function, but there are no numerical scales to denote decrease in pain or specific functional improvement with taking this medication. There are UDS from 12/30/2013 and 02/07/2014 which were consistent with the medications prescribed. However, the treater does not discuss possible side effects from taking this medication. Given the lack of sufficient documentation warranting long term opiate use, recommendation is for denial.