

Case Number:	CM14-0139476		
Date Assigned:	09/05/2014	Date of Injury:	06/20/2011
Decision Date:	07/15/2015	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old male, who sustained an industrial injury on 6/20/2011. Diagnoses include open wound of wrist, joint stiffness NEC forearm and carpal tunnel syndrome. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), modified work and medications. Per the hand written Primary Treating Physician's Progress Report dated 8/01/2014, the injured worker reported constant pain in the right wrist, hand and shoulder rated as 6/10 on a subjective scale and right ankle/foot pain rated as 7/10. Physical examination revealed full range of motion of upper extremities, diminished sensation in the left arm and tenderness at the trapezius. Strength is described as "fairly normal." The plan of care included medications and authorization was requested for Motrin 800mg #60 and Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOTRIN 800 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60, 61; 22.

Decision rationale: This patient presents with chronic right wrist/hand pain, right shoulder pain and right foot/ankle pain. The current request is for MOTRIN 800MG #60. Treatment history includes physical therapy, imaging, medications, left forearm surgery 2013, and CTR 2013. The patient is not working. Regarding NSAIDs, MTUS for chronic pain medical treatment guidelines page 22 states: Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs NSAIDs in chronic LBP and of antidepressants in chronic LBP. This patient has been prescribed Motrin since at least March of 2014. Progress reports are hands written and partially illegible. According to progress report 10/24/14 the patient continues to have right shoulder and left arm/hand pain, rated 10/10. Treatment plan was for patient to continue meds. Report 09/03/14 does not discuss medications. Report 08/01/14 noted continued pain of 6-7/10, medication efficacy is not addressed. The MTUS guidelines page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Given the lack of discussion regarding medication efficacy, recommendation for further use cannot be made. This request IS NOT medically necessary.

NORCO 10/325 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; criteria for use of opioids Page(s): 60, 61; 88, 89; 76-78.

Decision rationale: This patient presents with chronic right wrist/hand pain, right shoulder pain and right foot/ankle pain. The current request is for NORCO 10/325MG #60. Treatment history includes physical therapy, imaging, medications, left forearm surgery 2013, and CTR 2013. The patient is not working. 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. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS pages 80 and 81 also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." This patient has been prescribed Norco since at least March of 2014. Progress reports are hands written and partially illegible. According to progress report 10/24/14 the patient continues to have right shoulder and left arm/hand pain, rated 10/10. Treatment plan was for patient to continue meds. Report 09/03/14 does not discuss medications. Report 08/01/14 noted continued

pain of 6-7/10, medication efficacy is not addressed. There is no specific discussion regarding medication efficacy. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADLs or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.