

Case Number:	CM14-0095051		
Date Assigned:	07/23/2014	Date of Injury:	12/02/2009
Decision Date:	04/15/2015	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/09/2014

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 (IW) is a 58-year-old male who sustained an industrial injury on 12/02/2009 when a printing machine fell on top of him causing an acromioclavicular (AC) joint separation. He has reported pain and parenthesis throughout the right upper extremity, hip pain, right worse than left and allodynia (pain due to a stimulus that does not usually provoke pain), and complaints of numbness of the right upper extremity. Diagnoses include incisional neuroma, and chronic regional pain syndrome, major depressive disorder, depressive disorder not otherwise specified with anxiety and psychological factors affecting medical conditions. Treatment to date has included AC joint repair in 2010 and 2012, work modifications, compounded cream, right shoulder incisional neuroma radiofrequency pulsed neuroablation, and right shoulder nerve block. A progress note from the treating provider dated 05/19/2014 indicated the IW complained of pain in the upper extremities that remained the same, and the allodynia symptoms were persistant. The treatment plan included a pain management consultation, and a prescription of Norco. The IW was placed on temporary very disabled status. On 06/02/2014 Utilization Review non-certified a request for Norco 10/325 mg, QTY: 120. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 78-80 and 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: Based on the 05/19/14 progress report, the patient presents with continued pain and paresthesias throughout the right upper extremity and hip pain. The request is for NORCO 10/325MG QTY 120. The patient is status post radiofrequency neuroablation and nerve block, per operative report dated 02/18/14. The request for authorization is dated 05/28/14. Patient's diagnoses includes incisional neuroma, and chronic regional pain syndrome, major depressive disorder, depressive disorder not otherwise specified with anxiety and psychological factors affecting medical conditions. The patient's current medication includes Norco and Cymbalta. The patient is temporarily totally disabled. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a 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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included as the patient's medication per treater reports 02/07/14, 03/17/18 and 05/19/14. Treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. The use of opiates require detailed documentation regarding pain and function per MTUS. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.