

Case Number:	CM15-0003059		
Date Assigned:	02/10/2015	Date of Injury:	02/01/2003
Decision Date:	03/25/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/07/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 51 year old female, who sustained an industrial injury on 02/01/2003. She has reported subsequent right hand and shoulder pain and was diagnosed with chronic regional pain syndrome. Treatment to date has included oral and topical pain medication. The utilization review physician indicated that physician progress notes from 12/2014 were reviewed, however these notes have not been submitted for review. In the most recent progress note dated 08/07/2014, the injured worker complained of 7/10 right hand pain radiating to the right shoulder. The physician documented that the right forearm was in flexion throughout the appointment. There was no medical documentation pertaining to the current treatment request. On 12/24/2014, Utilization Review modified a request for Norco from 10/325 mg 2 by mouth every 6 hours as needed #240 with no refills to allow this one refill of Norco 10/325 mg 2 by mouth every 6 hours as needed #240 for the purpose of weaning and modified a request for Methadone from 10 mg 5 tablets by mouth every 8 hours #450 with no refills to allow this one refill of Methadone 10 mg 5 tablets by mouth every 8 hours #450 for the purpose of weaning. MTUS and FDA guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. The current MED far exceeds the 120 MED recommended in CA MTUS and UR decision approved a modified number of Norco to allow for weaning. The record does not support medical necessity of ongoing opioid therapy with Norco 10/325 #240.

Methadone 10 5 tabs by mouth every 8 hours #450: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. The current MED far exceeds the 120 MED recommended in CA MTUS and UR decision approved a modified number of methadone to allow for weaning. The record does not support medical necessity of ongoing opioid therapy with Methadone 10 mg 5 tabs q 8 hours #450.