

Case Number:	CM15-0005284		
Date Assigned:	01/16/2015	Date of Injury:	06/22/1998
Decision Date:	03/19/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/09/2015

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: 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 63 year old male, who sustained an industrial injury on 6/22/1998. The diagnoses have included reflex sympathetic dystrophy right hand. Treatment to date has included physical therapy and pain medications. According to the Primary Treating Physician's Progress Report from 12/10/2014, the injured worker complained of a lot of pain despite Norco 10/352mg four times a day. The Norco dulled the pain and made it tolerable. The injured worker reported that the pain kept him awake at night. An objective finding was allodynia right hand. Authorization was requested for Norco 10/325mg and MSER 30mg. The duration of the medications was not noted. On 12/16/2014, Utilization Review (UR) non-certified a request for Norco 10/325mg #120 with 4 refills and Morphine Sulfate (MS) Extended Release (ER) 30mg #30 with 5 refills, noting that there was no evidence of objective benefit with medication use. UR also noted that prior review dated 12/8/2014 indicated that the prospective use of generic Norco 10/325mg with no refills was partially certified. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage Norco 10/325mg #120 with 4 refills (1x5): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The 63 year old patient presents with chronic regional pain syndrome of the right hand, as per progress report dated 12/10/14. The request is for PROSPECTIVE USAGE NORCO 10/325 mg # 120 WITH 4 REFILLS (1 X 5). The RFA for this request is dated 12/10/14, and the patient's date of injury is 06/22/98. In progress report dated 12/10/14, the treater states that the patient has severe pain that keeps awake at night. In progress report dated 07/15/14, the patient complains of pain in right shoulder and right hand along with throbbing fingers. The pain is rated at 5-6/10. The patient has retired, as per progress report dated 12/10/14. 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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, the progress reports are handwritten and provide very little information. A prescription for Norco is first noted in progress report dated 10/10/14. The patient has been using other opioids including Oxycodone and morphine sulfate, as per the available progress reports. In progress report dated 12/10/14, the treater states that Norco dulls the pain and makes it tolerable. The treater, however, does not mention a change in pain scale nor does the treater use a validated instrument to show significant functional improvement. There is no discussion about UDS and CURES reports. The treater does not mention the side effects associated with opioid use as well. MTUS requires clear discussion about 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for chronic opioid use. Hence, the request IS NOT medically necessary.

Prospective usage of MS ER 30mg #30 with 5 refills (1x6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The 63 year old patient presents with chronic regional pain syndrome of the right hand, as per progress report dated 12/10/14. The request is for PROSPECTIVE USAGE MS ER 30 mg # 30 WITH 5 REFILLS (1 X 6). The RFA for this request is dated 12/10/14, and the patient's date of injury is 06/22/98. In progress report dated 12/10/14, the treater states that the patient has severe pain that keeps awake at night. In progress report dated 07/15/14, the patient complains of pain in right shoulder and right hand along with throbbing fingers. The pain is rated at 5-6/10. The patient has retired, as per progress report dated 12/10/14. 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. In this case, the progress reports are handwritten and provide very little information. A prescription for MS ER is first noted in progress report dated 05/20/14, and the patient has been taking the medication consistently at least since then. The patient has also been using other opioids including Oxycodone and Norco, as per the available progress reports. In progress report dated 12/10/14, the treater states that Norco dulls the pain and makes it tolerable. The treater, however, does not document a change in pain scale nor does the treater use a validated instrument to show significant functional improvement. There is no discussion about UDS and CURES reports. The treater does not mention the side effects associated with opioid use as well. MTUS requires clear discussion about 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for chronic opioid use. Hence, the request IS NOT medically necessary.