

Case Number:	CM15-0162181		
Date Assigned:	08/28/2015	Date of Injury:	05/04/2010
Decision Date:	10/13/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/18/2015

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 65 year old male, who sustained an industrial injury on 5-4-2010. He reported right wrist pain after heavy objects fell on it. The injured worker was diagnosed as having right wrist injury and right wrist pain. Treatment to date has included medications, bracing, x-rays, right wrist surgery (11-3-2010), and physical therapy. The request is for Norco. On 4-30-2015, he reported no change to his wrist pain. He indicated medications to be effective at reducing his pain by 50 percent. The treatment plan included: permanent and stationary status, QME, inactivated Baclofen, continued Norco, and follow up in 6 weeks. On 6-15-2015, he reported continued severe right wrist pain. He reported medications to reduce his pain by 50 percent. The treatment plan included: continued Baclofen, Norco, and follow up in 6 weeks. He is considered permanent and stationary. On 7-30-2015, he reported pain to the right hand and wrist. He was recommended for surgery; however has declined this option at this time. He is reported to take medications as prescribed, which continued to be somewhat effective. He has tried Lyrica and Gabapentin but found them to be too sedating and not helpful. He also reported right wrist cramping and numbness. He indicated his symptoms to remain unchanged. He indicated medications to reduce his pain by 50%. Current medications are: Norco, Baclofen, Flomax, and Avodart. The treatment plan included: Baclofen, Norco, and follow up in 6 weeks. He is reported to have reached maximum medical improvement and be permanent and stationary.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The 65 year old patient complains of right hand/wrist pain, as per progress report dated 07/30/15. The request is for Norco 10-325mg #240. The RFA for this case is dated 08/04/15, and the patient's date of injury is 05/04/10. The patient was diagnosed with right wrist injury, and pain in wrist joint, as per progress report dated 04/30/15. Medications, as per progress report dated 07/30/15, included Baclofen and Norco. As per progress report dated 04/28/15, the patient is experiencing swelling, weakness, stiffness, loss of motion, and intermittent numbness in right wrist. The patient is off work, as per work status report dated 07/30/15. MTUS, Criteria For Use Of Opioids Section, 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, Criteria For Use Of Opioids Section, 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, Criteria For Use Of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications For Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is first noted in progress report dated 09/19/12, and it appears that the patient has been taking the medication consistently since then. As per progress report dated 07/30/15, the patient is taking medications as prescribed and they are reducing the pain by over 50%. Nonetheless, there is no documentation of efficacy of Norco in terms of improvement in function. The treater does not provide specific examples that indicate improvement in the patient's ability to perform ADLs due to the use of this medication. No CURES and UDS reports are available for review. There is no discussion regarding side effects of Norco as well. MTUS requires a clear documentation regarding impact of Norco on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued use. Hence, the request is not medically necessary.