

Case Number:	CM15-0185594		
Date Assigned:	09/25/2015	Date of Injury:	01/02/2007
Decision Date:	11/06/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/21/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 57 year old female, who sustained an industrial injury on 1-2-07. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included status post removal of hardware lumbar spine (4-23-09); status post carpal tunnel release with revision surgery; status post decompression -neurolysis median nerve distal forearm-wrist, decompression ulnar nerve in the space of Guyon, right wrist, partial flexor tenosynovectomy, reconstruction with hypothenar fascial-fat flap, DeQuervain's tendon release, right wrist (7-27-10); left shoulder injection; physical therapy; medications. Currently, the PR-2 notes dated 6-23-15 indicated the injured worker returns to this office as a pain management follow-up. The provider documents "She continues to suffer from chronic intractable pain condition with her bilateral wrist as well as left shoulder. She previously has carpal tunnel release surgery with revision and also has a known calcific tendinitis of her left shoulder. The patient recently has left shoulder injection by the undersigned examiner, which has been very helpful in helping her with her symptoms and improving her left shoulder function and range of motion. At this point, she states that her condition is stable. Her pain medication regimen continues to provide her adequate pain relief and keeps her functional. She rates her average pain about 4 to 5 on the scale of 0-10 on average. She continues to utilize bilateral wrist brace. She was previously recommended for a chronic pain program, which yet to be authorized." The provider notes her medications "She is on Norco 10-325mg three times a day and also Soma 350mg twice a day." On physical examination, the provider documents "Examination of bilateral wrist shows positive Phalen and Tinel sign with low tone involving thenar and hypothenar. She has moderate

muscular spasm and guarding with bilateral wrist flexion and extension with grip strength of 4+ out of 5. Examination of the left shoulder shows tenderness over the anterior capsule and AC joint. She has guarded range of motion of her left shoulder which is now about 60 to 70% associated with severe muscular spasm. She shows 5- out of 5 motor strength with left shoulder flexion, abduction." His treatment plan includes refills for medications. He notes "Her most recent urine drug screening test was consistent with her current prescribed opioid. She is currently in compliance with opioid agreement." He is also recommending the chronic pain program and is a "good candidate for a functional rehab program to help her with her chronic pain and improve her overall function as well as reducing her dependency on oral medications". No other medical documentation was submitted for this review. A Request for Authorization is dated 9-16-15. A Utilization Review letter is dated 9-10-15 and modified the certification for Norco 10/325mg, Day supply 30, #90 to authorize a quantity of #81 for "progressively weaning at 10% per week for safety reasons, certification expires on 10-11-15". A request for authorization has been received for Norco 10/325mg, Day supply 30, # 90 MED 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, Day supply 30, Qty: 90 MED 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

Decision rationale: The medical records report ongoing pain that is helped subjectively by continued use of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring, the medical records do not support the continued use of opioids such as norco. The request is not medically necessary.