

Case Number:	CM15-0188106		
Date Assigned:	09/30/2015	Date of Injury:	09/22/2004
Decision Date:	11/12/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/24/2015

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 female, who sustained an industrial injury on 9-22-2004. A review of the medical records indicates that the injured worker is undergoing treatment for status post left carpal tunnel release with persistent pain and numbness in the left upper extremity, right upper extremity repetitive stress injury with negative nerve conduction study (NCS), non-industrial diabetes, hypertension, high cholesterol, low back pain, sciatica, asthma, retina problems, fatty liver, and dental caries with teeth breaking. On 9-8-2015, the injured worker reported more pain in her bilateral upper extremities. The Primary Treating Physician's report dated 9-8-2015, noted the injured worker had been out of Neurontin and hydrocodone for approximately five months since they had not been approved. The injured worker rated her pain as usually 10 out of 10. When she took the medicine, the injured worker was noted to have the pain go up to about 6 out of 10 and then down to 3 out of 10. The injured worker was noted to do less activity, hard to shampoo her hair, brush her teeth, or stir a pot for cooking. The injured worker was noted to feeling more depressed with the Cymbalta noted to have not helped her chronic pain. The physical examination noted both upper extremities without swelling, unchanged since 7-7-2015. The treatment plan was noted to include a request for authorization faxed on 6-4-2015 for Neurontin, prescribed since at least 4-7-2015, acupuncture, as she had not done prior, cognitive behavioral therapy (CBT), and Hydrocodone, prescribed since at least 2-26-2013. The injured worker was noted to have a signed pain medication agreement, and a urine drug screen (UDS) on 2-3-2015 that was only positive for Hydrocodone. The request for authorization was noted to have requested Neurontin 300mg #120 with 2 refills (Last Filled

03/08/15) and Hydrocodone 10/325mg #60 for 1 month, (Last Filled 12/21/2014). The Utilization Review (UR) dated 9-15-2015, certified the request for Neurontin 300mg #120 with 2 refills (Last Filled 03/08/15) and non-certified the request for Hydrocodone 10/325mg #60 for 1 month, (Last Filled 12/21/2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #60 for 1 month, (Last Filled 12/21/2014): 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 patient presents on 09/08/15 with bilateral upper extremity pain rated 10/10. The patient's date of injury is 09/22/04. Patient is status post carpal tunnel release at a date unspecified. The request is for Hydrocodone 10/325mg #60 for 1 month, (last filled 12/21/2014). The RFA is dated 06/04/15. Physical examination dated 09/08/15 notes "both upper extremities without swelling." No other examination findings are included. The patient is currently prescribed Norco and Neurontin, though the Norco has not been filled since 12/21/14. Patient's current work status is not provided. 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." In regard to the re-initiation of Norco for the management of this patient's chronic pain, the treater has not provided adequate documentation of prior efficacy to continue its use. Progress note dated 09/08/15 indicates that this patient has not been able to have a prescription of Norco filled since 12/21/14, and has the following regarding prior efficacy: "When she took the medicines, the pain would go up to about 6/10 and then down to 3/10. She does less activity. It is hard for her to shampoo her hair, brush her teeth, stir a pot for cooling. She feels more depressed." Such vague documentation does not satisfy MTUS guidelines, which require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, the provider does include documentation of analgesia via a validated scale, and evidence medication consistency to date. However, the provider fails to specify activity- specific improvements attributed to Narcotic medications, instead focusing on this

patient's limitations without specifically discussing how medications improve function. No statement regarding a lack of aberrant behavior is included, either. Without more specific functional improvements and a statement regarding aberrant behavior, the re-initiation of Norco cannot be substantiated. Owing to a lack of complete 4A's documentation, the request is not medically necessary.