

Case Number:	CM15-0189125		
Date Assigned:	10/01/2015	Date of Injury:	03/16/2001
Decision Date:	11/12/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/25/2015

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 42 year old female with a date of injury on 03-16-2001. The injured worker is undergoing treatment for reflex sympathetic dystrophy of the upper limb, hand pain, myalgia and myositis unspecified. Physician progress notes dated 07-23-2015 and 08-20-2015 documents the injured worker rates her pain with medications as 7-8 out of 10 and without medications her pain is 9-10 out of 10. There is no change in location of pain and no new side effects. Quality of sleep is poor to normal. She is functional and can perform ADLs with the use of her pain medications. She is upset her medications are being modified. She is fatigued and appears to be in moderate pain. There is tenderness to palpation over the right radial side and ulnar side of the wrist. There is allodynia over the ventral aspect of her left wrist. Her left hand reveals fingers contracted in a fist. Range of motion is restricted with pain. Allodynia is noted over the proximal interphalangeal joint of the thumb, distal interphalangeal joint of thumb, hypothenar eminence and metacarpophalangeal joint of the thumb. On sensory examination light touch sensation is decreased over the lateral foot on the left side; dysesthesias are present over the medial hand, lateral hand and C6, C7, and C8 distribution on the left side. There is documentation the injured worker never received the Opana, and Norco was modified from 180 tabs to 165 tablets. Will continue with the injured workers medication regime, the current regimen of medication optimizes function and ADLs, will continue with a slow medication taper. She is not working. Treatment to date has included diagnostic studies, medications, and H-Wave therapy for low back pain. Current medications include Ibuprofen, Lidocaine 5% ointment, Norco, Opana ER, Topamax, Claritin and Flexeril. A urine drug screen done on 07-23-2015 was appropriate. On 09-02-2015 Utilization Review modified the request for Norco 10/325mg (since at least 01-22-2015) #180 to Norco 10-325mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Overturned

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 08/20/15 with left upper extremity pain rated 7/10 with medications, 10/10 without. The patient's date of injury is 03/16/01. The request is for NORCO 10/325MG #180. The RFA is dated 08/20/15. Physical examination dated 08/20/15 reveals tenderness to palpation of the right wrist, allodynia over the ventral aspect of the left wrist. Left hand examination reveals a contractured left fist, severely restricted range of motion, and allodynia over the proximal and distal interphalangeal joints of the thumb, hypothenar eminence, and metacarpophalangeal joint of the thumb. Sensory examination reveals decreased sensation over the medial, lateral aspects of the left hand consistent with the C6-C8 dermatomal distributions. The patient is currently prescribed Ibuprofen, Lidocaine ointment, Norco, Opana, Topamax, Claritin, Flexeril, and Marijuana. Patient is currently classified as permanent and stationary, is not working. 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 Norco for the management of this patient's chronic multi-system pain, the request is appropriate. Progress note dated 08/20/15 notes that this patient's medications reduce her pain from 10/10 to 7/10. Addressing functional improvements, the provider states that "Pt here ambulating without motorized scooter able to remain functional and perform adl's. With the medications the patient can perform household tasks including cooking, cleaning, self-care for 30-45 minutes or greater at a time. Without medications the patient cannot perform these tasks or is limited to 10 minutes or less." There is evidence in the records provided that this patient's urine toxicology screenings to date have been consistent with prescribed medications, and the provider specifically addresses a lack of aberrant behaviors. Utilization review non-certified this request on grounds that no rationale is provided for the

concurrent utilization of medical marijuana and opiates, however, the documentation provided satisfies MTUS guideline requirements of analgesia via a validated scale, activity-specific functional improvements, consisted urine drug screening, and a lack of aberrant behavior. Given this patient's presentation, which is indicative of significant ongoing pain and disability, and the adequate 4A's documentation as required by MTUS, continuation of narcotic medications is substantiated. Therefore, the request is medically necessary.