

Case Number:	CM15-0198794		
Date Assigned:	10/14/2015	Date of Injury:	10/27/2011
Decision Date:	11/20/2015	UR Denial Date:	10/03/2015
Priority:	Standard	Application Received:	10/09/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 47 year old female who sustained an industrial injury on 10-27-2011. According to a progress report dated 09-02-2015, the injured worker was seen for right hand pain. Pain level had remained unchanged since the last visit. Pain with medications was rated 4 on a scale of 1-10. Without medications, pain was rated 8. Quality of sleep was fair. Activity level has decreased. Pain was stable since her last visit. Lexapro was not authorized. Current medications included Duloxetine, Simethicone, Lyrica, Propranolol ER, Trazodone, Lexapro, Levothyroxine and Norco 10-325 mg twice a day as needed. Diagnoses included causalgia upper limb. The treatment plan included trial Lexapro, continue Trazodone, Cymbalta, Lyrica, Docusate, Norco, Simethicone and Propranolol. Follow up was indicated in 4 weeks. According to a functional restoration progress report dated 09-25-2015, the injured worker needed refills on Lyrica. Her last prescription for medications was not filled. The provider called the pharmacy to verify when medications were filled. Norco and Lyrica were last filled on 08-26-2015. The treatment plan included Lyrica and Norco. Urine toxicology performed on 06-10-2015 was positive for Hydrocodone, Norhydrocodone, Hydromorphone, Pregabalin and Duloxetine. Documentation shows long term use of Norco dating back to 03-30-2015. On 10-03-2015, Utilization Review non-certified the request for Norco 10-325 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: 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): Opioids for chronic pain.

Decision rationale: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant decrease in objective pain measures such as VAS scores for significant periods of time with pain decreased from a 8/10 to a 4/10. There are no objective measures of improvement of function or how the medication improves activities. The work status is not mentioned. Therefore not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.