

Case Number:	CM15-0200454		
Date Assigned:	10/15/2015	Date of Injury:	07/16/2009
Decision Date:	11/25/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/13/2015

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: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year old male sustained an industrial injury on 7-16-09. Documentation indicated that the injured worker was receiving treatment for left hand pain, cervical degenerative disc disease and spondylosis, brachial neuritis, neuralgia, anxiety, depression and sleep disturbance. Previous treatment included three left small finger reconstructive surgeries, physical therapy, cognitive behavioral therapy, transcutaneous electrical nerve stimulator unit, splinting and medications. In PR-2's dated 4-27-15, 5-29-15, 6-29-15, 7-27-15 and 8-24-15, the injured worker complained of pain, rated 9 out of 10 without medications and 8 out of 10 with medications. In a psychiatric examination dated 6-26-15, the injured worker complained of ongoing hand pain with radiation into the left arm, shoulder and neck as well as numbness and tingling in right leg and pain on the right side of the thoracic chest. The physician noted that the injured worker tested positive for cocaine in a recent urine test (April 2015). The injured worker stated that he thought cocaine might help with the pain and reported having a history of cocaine addiction until age 40. In a visit note dated 8-24-15, the injured worker complained of pain, rated 9 out of 10 on the visual analog scale without medications and 8 out of 10 with medications. The physician noted that the injured worker was showing only minimal relief with Norco and showing tolerance and needed to consultation with a pain physician for more adequate pain control. In a progress noted dated 9-9-15, the injured worker complained of severe neck pain with radiation down the left arm associated with numbness and a burning sensation. The physician documented that x-rays of the cervical spine (9-4-15) showed cervical disc disease at C5-6 with disc space narrowing and osteophyte formation. In a visit note dated 9-15-15, the injured worker complained of ongoing

left hand pain, rated 9 out of 10 on the visual analog scale without medications and 8 out of 10 after taking Norco. The injured worker stated that his current medications were not providing adequate pain control and wanted to increase the dose of medications. Physical exam was remarkable for cervical spine with left lateral rotation limited to 45 degrees with pain and left hand with pain on making a fist, restricted range of motion at the interphalangeal joint of the little finger and left fifth finger contracted into a trigger finger position. The injured worker had been prescribed Norco since at least 4-27-15. The treatment plan included requesting authorization for 12 sessions of physical therapy, discontinuing Lidocaine patches and Lunesta and refilling Norco and Protonix. On 9-29-15, Utilization Review non-certified a request for Norco 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90, no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: MTUS Guidelines have very specific recommended standards to justify the long-term use of opioid medications. These standards include well documented pain relief, improved function from use and the lack of drug related aberrant behaviors. This individual does not appear to meet these standards. There is reported to be a diminished pain level of 1 on the VAS scale, but there is no documentation of how long this pain relief last and how it impacts functioning. There are no apparent improvements in function due to opioid use. In addition, there remains unanswered questions regarding problematic drug test results. There is a prior long history of illicit drug use (cocaine) with a subsequent test being positive for cocaine X's 1 test. In addition, a 5/29/15 test was negative for Norco at a time when this prescription was being filled. There is no explanation from the treating physician regarding the negative test and the possibility of diversion. Under these circumstances, the Norco 10/325mg #90, no refills is not supported by Guidelines and is not medically necessary.