

Case Number:	CM15-0202140		
Date Assigned:	10/19/2015	Date of Injury:	07/04/2012
Decision Date:	12/02/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/14/2015

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 34 year old male who sustained an industrial injury July 4, 2012. Past history included status post left hand surgery x3. Physical Therapy notes dated July 22, 2015, revealed the injured worker is on visit 4 of therapy, with complaints of pain in the left hand. The scar is noted to dorsal hand; difficult to assess end range flexion of wrists-digits secondary to holding hand stiffly; complained of forearm extensor pain, as expected due to co-contraction throughout treatment. According to a psychological treatment update by a psychologist dated September 11, 2015, the injured worker presented for continued depressive and anxiety symptoms with the chronic pain in the left hand. He recommended the injured worker see a psychiatrist for assessment and the need for psychotropic medication. He documented the injured worker takes three Hydrocodone pills daily for pain. According to the primary treating physician's progress report dated September 9, 2015, the injured worker presented for follow-up with pain in the dorsum of the left hand. Objective findings included; well-healed surgical scars; slight swelling dorsal of left hand; slight protrusion, slight oozing in the middle with tenderness to touch; unable to make fist with left hand; limited flexion, extension in ulnar and radial deviation. Assessment is documented as synovium left hand (debridement); bone, left metacarpal invasive debridement; weakness and pain left hand; possible CRPS (complex regional pain syndrome). Treatment plan included waiting medical evaluation, continue home exercise, and continue with psychiatric treatment and at issue, a request for authorization for Norco and Flurbiprofen (since at least July 15, 2015). According to utilization review dated September 29, 2015, the request for Neurontin 300mg #60 is certified. The requests for Norco 10-325mg #60 and Flurbiprofen 20% in ultra-derm base 120mg were non-certified.

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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The 34 year old patient complains of left hand, dorsum of the left hand pain, rated at 8/10, as per progress report dated 09/09/15. The request is for NORCO 10/325mg #60. The RFA for this case is dated 09/09/15, and the patient's date of injury is 07/04/12. Diagnoses, as per progress report dated 09/09/15, included synovium left hand (debridement), left metacarpal-invasive debridement, weakness of the left hand, left hand pain, and possible CRPS of left hand. The patient is status post three hand surgeries. Medications included Norco, Neurontin, Flexeril and topical Flurbiprofen. As per progress report dated 08/26/15, the patient had a crush injury of left hand and has had poor healing of the wounds on a constant basis. The patient is on modified duty, as per progress report dated 09/09/15. 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." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, Norco is first noted in progress report dated 05/06/15. It is not clear when the opioid was initiated. In progress report dated 08/12/15, the treater states that the patient is experiencing constant pain rated at 9/10 which can "only come down to 7 or 8" with medications. The patient underwent a urine drug screen, as per the same visit. A prior urine drug screen dated 05/20/15 was consistent. In progress report with the same date, the patient reports that "with the assistance of the medication he does get some relief however not very much." It appears that Norco is not having a significant impact on the patient's pain. Additionally, the treater does not document objective functional improvement using validated instruments, or questionnaires with specific categories. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." No CURES report has been provided to address aberrant behavior. The treater does not include the side effects of Norco as well. In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Hence, the request is not medically necessary.

Flurbiprofen 20% in ultra derm base 120mg: 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): Topical Analgesics.

Decision rationale: The 34 year old patient complains of left hand, dorsum of the left hand pain, rated at 8/10, as per progress report dated 09/09/15. The request is for Flurbiprofen 20% in ultra derm base 120mg. The RFA for this case is dated 09/09/15, and the patient's date of injury is 07/04/12. Diagnoses, as per progress report dated 09/09/15, included synovium left hand (debridement), left metacarpal-invasive debridement, weakness of the left hand, left hand pain, and possible CRPS of left hand. The patient is status post three hand surgeries. Medications included Norco, Neurontin, Flexeril and topical Flurbiprofen. As per progress report dated 08/26/15, the patient had a crush injury of left hand and has had poor healing of the wounds on a constant basis. The patient is on modified duty, as per progress report dated 09/09/15. The MTUS chronic pain guidelines 2009, page 111 and Topical Analgesics section, do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. In this case, a request of Flurbiprofen in Ultra Derm base is first noted in progress report dated 07/15/15. Subsequent reports do not document the efficacy of the topical formulation. The patient does experience left hand pain due to a crush injury. However, there is no diagnosis of peripheral joint arthritis and tendinitis for which topical Flurbiprofen is indicated. Hence, the request is not medically necessary.