

Case Number:	CM15-0208490		
Date Assigned:	10/27/2015	Date of Injury:	05/27/2014
Decision Date:	12/08/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/22/2015

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: Texas, Florida, 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:

The injured worker is a 66 year old female, who sustained an industrial injury on 5-27-14. Medical records indicate that the injured worker is undergoing treatment for hand pain, joint pain, lateral epicondylitis, reflex sympathetic dystrophy, shoulder pain, wrist pain, tendinitis and extremity pain. The injured worker is currently temporarily totally disabled. On (9-21-15) the injured worker complained of right arm and writ pain. The pain was rated 3.5 out of 10 with medications on the visual analog scale. The current medications allowed for improved function, increased activity, improved mood and the ability to sleep. The injured worker is able to perform light housekeeping, cooking, personal care and to function socially. Examination of the right shoulder revealed restricted range of motion due to pain in the forearm, wrist and hand. A Speeds test was positive. Right hand examination revealed allodynia over the entire hand, tenderness to palpation of the hand and all the joints of the fingers, especially the thumb carpometacarpal joint. Sensation was significantly decreased in all digits of the right hand. The injured worker could not flex her fingers without severe pain. Subsequent progress reports (8-24-15 and 7-13-15) indicate that the injured workers pain levels were rated 4-4.5 with medications on the visual analog scale. Treatment and evaluation to date has included medications and physical therapy. Current medications include Gabapentin, Norco (since August of 2015), Trazodone, Omeprazole, Neurontin, Ibuprofen, Losartan and Atorvastatin. The Request for Authorization dated 9-15-15 included a request for Norco 10-325mg #120. The Utilization Review documentation dated 9-22-15 non-certified the request for Norco 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, page 79, 80 and 88 of 127. This patient had been on Norco since August of 2015. Although some ADL benefits are claimed, objective, measured functional benefit is not addressed. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.