

Case Number:	CM15-0022267		
Date Assigned:	02/11/2015	Date of Injury:	07/15/1996
Decision Date:	03/26/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/05/2015

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: Indiana

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 was a 53 year old female, who sustained an industrial injury, July 15, 1996. According to progress note of December 4, 2014, the injured workers chief complaint was left hand [pain, dystonia and symptoms with a sympathetic overtone. The hands continue with spasms of the fingers when they are spread apart, then experiences a Charlie horse type sensation and bilateral hand locking. The injured worker was diagnosed with CRPS (complex regional pain syndrome), bilateral ulnar neuritis left greater than the right, bilateral carpal tunnel syndrome, myofascial pain, stress, arrhythmia related to stress, depression and dystonia. The injured worker previously received the following treatments left ulnar surgical release, medications, injections, acupuncture, aquatic therapy, chiropractic therapy, massage, heat, right elbow injection, physical therapy with ultrasound, epidural injections and psychiatric sessions. On December 4, 2014, the primary treating physician requested authorization for a prescription for Norco 5/325mg. On January 15, 2014, the Utilization Review denied authorization for a prescription for Norco 5/325mg. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg quantity 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic),
Shoulder, Pain, Opioids

Decision rationale: ODG does not recommend the use of opioids for neck, low back, and shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the request for Norco is not medically necessary.