

Case Number:	CM15-0022509		
Date Assigned:	02/12/2015	Date of Injury:	05/04/2010
Decision Date:	05/01/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/06/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64-year-old male who reported an injury on 05/04/2010. The mechanism of injury was the injured worker hurt his right wrist when some heavy doors fell on it. The injured worker had a fracture in the right distal radius and developed right carpal tunnel syndrome. The injured worker underwent a carpal tunnel release surgery and Guyon's tunnel release. The injured worker underwent x-rays of the right wrist and hand. The injured worker was noted to utilize opiates since at least 01/2013. The documentation of 01/05/2015 revealed the injured worker had right wrist and hand pain. The injured worker had ongoing nerve and burning type pain. The injured worker had been trialed on gabapentin and Lyrica, which were too sedating and did not help much. The injured worker's medications included Norco 10/325 mg 1 or 2 every 6 hours as needed starting 12/01/2014, baclofen 20 mg one 4 times a day as needed starting 12/01/2014, and Roxicodone 15 mg as needed for severe pain starting 12/01/2014. The right wrist examination revealed ongoing swelling and tenderness to the dorsum of the right wrist. The injured worker had decreased range of motion due to pain. The examination was noted to be unchanged. The documentation indicated the injured worker did not want surgery. The injured worker was to continue medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, on going management Page(s): 60, 70.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #180 is not medically necessary.

Baclofen 20mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen (Lioresal) and Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. The clinical documentation submitted for review failed to provide exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for baclofen 20 mg #120 with 1 refill is not medically necessary.

Roxicodone 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin (OxyIR capsule; Roxicodone) and Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60,78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. The clinical documentation submitted for review failed to provide exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Roxicodone 15 mg #30 is not medically necessary.