

Case Number:	CM15-0028573		
Date Assigned:	02/20/2015	Date of Injury:	03/01/2013
Decision Date:	04/07/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/17/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 57 year old female, who sustained an industrial injury on March 1, 2013. The diagnoses have included right de Quervain's tenosynovitis status post de Quervain's release in February 2014, clinical evidence of complex regional pain syndrome localized postoperatively, and carpal tunnel syndrome on the right. Treatment to date has included de Quervain's surgery in February 2014, cortisone injection, activity modification, bracing, splinting, and medication. Currently, the injured worker complains of right wrist pain, radiating to the fingers, elbow, and shoulder. The Primary Treating Physician's report dated January 14, 2015, noted the injured worker reported a decrease in the level of function during activity, noted to need to take the Norco because the pain was quite severe. The Physician noted the right distal forearm with only hypersensitivity on the radial aspect. On January 22, 2015, Utilization Review non-certified Norco 10/325mg #60, noting the injury and pain were chronic, and there was no documented benefit from the use of the Norco. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 17, 2015, the injured worker submitted an application for IMR for review of Norco 10/325mg #60.

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 Treatment Guidelines Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, opioids.

Decision rationale: The medical records report ongoing pain that has not responded to several therapies but there is also no documentation that is helped functionally by continued use of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring; the medical records do not support the continued use of opioids such as norco.