

Case Number:	CM15-0214188		
Date Assigned:	11/04/2015	Date of Injury:	06/08/2010
Decision Date:	12/22/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/30/2015

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, Hawaii

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 43 year old male, who sustained an industrial injury on June 08, 2010. The injured worker was diagnosed as having late effect laceration of the left palm with evidence of injury to the median nerve branch going to the index and long finger as well as scarring of the profundus and sublimis of the index finger and the palm on the left, chronic regional pain syndrome, and depression. Treatment and diagnostic studies to date has included status post index finger exploration, group therapy, and medication regimen. In a progress note dated September 29, 2015 the treating physician reports a limited function in the use of his left hand and index finger, along with constant pain, motion loss, and grip loss. Examination performed on September 29, 2015 was revealing for tenderness to the palm incisional region and pain at the first annular (A1) pulley of the first finger and thumb. On September 29, 2015 the treating physician included that the injured worker was approved for use of Naproxen, Trazadone, Protonix, and Norco on April 13, 2015, approval for Norco, Effexor, Trazadone, Naproxen, and AcipHex on July 29, 2015, and approval for Norco, Effexor, Trazadone, Naproxen, and AcipHex on September 01, 2015, but the progress note on September 29, 2015 did not include the injured worker's current medication regimen or the injured worker's pain level prior to the use of her medication regimen and after use of her medication regimen to indicate the effects of the injured worker's medication regimen. On September 29, 2015 the treating physician noted that the injured worker is able to shop, wash dishes, vacuum, sweep, dust, and mop, but did not indicate if there was improvement in these activities with the use of his medication regimen. On September 29, 2015, the treating physician requested Norco (Hydrocodone-Acetaminophen) 10-

325 mg with a quantity of 120, but did not indicate the specific reason for the requested medication. On October 05, 2015, the Utilization Review determined the request for Norco (Hydrocodone-Acetaminophen) 10-325 mg with a quantity of 120 to be modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone/APAP) 10/325 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The medical records indicate the patient has ongoing complaints of left hand and finger pain along with limitation of movement. The current request is for Norco (Hydrocodone APAP) 10/325mg #120. The attending physician requests continuation of this medication. As per MTUS guidelines, the criteria for use of opioids in the management of chronic pain include: prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The 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. In this case, while there is clear documentation of moderate to severe pain there is no documentation of the 4 A's. There is no documentation of improved functional ability or return to work. There is also no discussion of adverse side effects or aberrant drug behaviors. There is no discussion of decreasing pain levels and functional improvement with the use of this medication. The MTUS requires much more thorough documentation for continued opioid usage. As such, the request is not medically necessary.