

Case Number:	CM15-0223777		
Date Assigned:	11/19/2015	Date of Injury:	07/19/2006
Decision Date:	12/30/2015	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	11/13/2015

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:

This is a 55-year-old male with a date of industrial injury 7-19-2006. The medical records indicated the injured worker (IW) was treated for left shoulder pain; type I complex regional pain syndrome, left upper extremity; chronic pain syndrome; and status post left middle finger and left ring finger amputation with severe neuropathic pain and phantom pain. In the progress notes (10-7-15), the IW reported neck pain radiating down the left upper extremity, low back pain radiating down both lower extremities and right elbow pain. Pain was rated 5 out of 10 on average with medications and 8 out of 10 without medications since the last visit. He reported his pain was unchanged since the last visit. Activities of daily living affected by his pain were: activity, hand function, sleep and sex; interference was rated 8 out of 10. Medications from this provider included Duloxetine DR, Fentanyl patch, Gabapentin, Lidocaine 2% ointment, Lunesta, Norco (since at least 6-2015) and Voltaren gel 1%. Medications from another provider were listed as Cymbalta, Mirtazapine, Neurontin, Norco 10-325mg and Voltaren gel 1%. On examination (10-7-15 notes), there was tenderness in the left shoulder, elbow and hand, with swelling noted in the hand. Left shoulder range of motion was painful. There were temperature changes and discoloration, allodynia and hypersensitivity in the right upper extremity. Treatments included stellate ganglion block (2-3-15), with 50% to 80% overall improvement in concentration, mood, sleeping and mobility; transcranial magnetic stimulation, with 50% improvement in sleep apnea and mood; TENS unit; and medications, which improved his ability to perform his activities of daily living and were tolerated well. The provider noted the CURES report dated 5-20-15 was consistent and that a "pain contract" was on file. No drug screen results

were noted. The IW was reported to be compliant with medication use. The notes stated the IW had developed opiate tolerance due to long-term opiate use. The IW was permanently disabled. His pain levels remained consistent over the last three months on his current medications. A Request for Authorization dated 11-2-15 was received for Norco 5-325mg, #90. The Utilization Review on 11-10-15 modified the request for Norco 5-325mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #90: Upheld

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

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

Decision rationale: This claimant was injured in 2006 with reported left shoulder pain, type I complex regional pain syndrome of the left upper extremity, and was post left middle and ring finger amputation with neuropathic pain. Norco was noted since at least June of 2015. Objective functional benefit out of the regimen is not noted. 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.