

Case Number:	CM15-0033701		
Date Assigned:	02/27/2015	Date of Injury:	11/01/2005
Decision Date:	04/07/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/23/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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 63 year old female, who sustained an industrial injury on 11/1/05. She has reported shoulder and hand pain after a paper cut. The diagnoses have included complex regional pain syndrome and shoulder tendinitis. Treatment to date has included medications, aquatic therapy, diagnostics, bracing, ball pump, injections, hypnosis, biofeedback, and Transcutaneous Electrical Nerve Stimulation (TENS). Surgeries included four hand surgeries. Currently, as per the physician soap noted dated 1/9/15, the injured worker complains of aching, burning and stabbing sensation both hands and aching of her shoulders rated an 8/10 without medications. She states that she has had problems with her hands with dropping things or lifting, and she had problems with her shoulder. She states that her daughter assists her three times a week with bathing, cooking and cleaning. She also states that she has sleep problems because of pain. Physical exam revealed left shoulder with decreased range of motion, left wrist supination is harder, the fingers of both hands cannot extend out, strength is limited in fingers, decreased opposition to number five but can go to index fingers, and she uses a cupping of fingers or light pincer grasp. The hands/wrists are cold to touch to the level just above the wrist. On 2/9/15 Utilization Review modified a request for Norco 10/325mg Qty 360.00 modified to Norco 10/325mg Qty 120.00, Exalgo 12mg Qty 90.00 modified to Exalgo 12mg Qty 30.00 and Lyrica 150mg Qty 270.00 modified to Lyrica 150mg Qty 90.00, noting the (MTUS) Medical Treatment Utilization Schedule Guidelines chronic pain page 91, Official Disability Guidelines (ODG), Pain and (MTUS) Medical Treatment Utilization Schedule Guidelines chronic pain pages 19-20, 99 were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #360: 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): 74-97.

Decision rationale: MTUS chronic pain medical treatment guidelines necessitate documentation that the lowest possible dose of opioid is being prescribed that there will be ongoing reviewing documentation of pain relief functional status appropriate medication use and side effects as criteria necessary to support the medical necessity. In addition MTUS chronic pain medical treatment guidelines identifies opioids for chronic back pain are efficacious but limited for short-term pain relief and long-term efficacies unclear greater than 16 weeks but also appears limited. ODG identifies the criteria for the use of opioids include documentation of pain and functional improvement compared to baseline satisfactory response to treatment maybe indicated by the injured workers decreased pain, increased level of function, improve quality-of-life pain should be assessing each visit and functioning should be measured at six-month intervals it using a numeric scale and validated instrument. The MTUS guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for injured workers taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents. The injured worker's dose of Hydrocodone and Exalgo is in excess of 120 mg of morphine equivalents per day and no documentation that the lowest possible dose is being used. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

Exalgo 12mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

Decision rationale: MTUS chronic pain medical treatment guidelines necessitate documentation that the lowest possible dose of opioid is being prescribed that there will be ongoing reviewing documentation of pain relief functional status appropriate medication use and side effects as criteria necessary to support the medical necessity. In addition MTUS chronic pain medical treatment guidelines identifies opioids for chronic back pain are efficacious but limited for short-term pain relief and long-term efficacies unclear greater than 16 weeks but also appears limited.

ODG identifies the criteria for the use of opioids include documentation of pain and functional improvement compared to baseline satisfactory response to treatment maybe indicated by the injured workers decreased pain, increased level of function, improve quality-of-life pain should be assessing each visit and functioning should be measured at six-month intervals it using a numeric scale and validated instrument. The MTUS guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for injured workers taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents. The injured worker's dose of Hydrocodone and Exalgo is in excess of 120 mg of morphine equivalents per day and no documentation that the lowest possible dose is being used. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

Lyrica 150mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 19.

Decision rationale: Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. According to the documents available for review, the injured worker has none of the aforementioned MTUS approved indications for the use of this medication. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.