

Case Number:	CM15-0044928		
Date Assigned:	03/16/2015	Date of Injury:	05/04/2010
Decision Date:	04/14/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/09/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 51-year-old patient with date of injury of 05/04/2010. Medical records indicate the patient is undergoing treatment for traumatic amputation of left finger, post-traumatic stress disorder and fibrosis of skin. Subjective complaints include left hand pain, rated 6-7/10 without medication 4/10, limited use of left arm, poor sleep. Objective findings include mild contracture in the web space full extension of the fingers, allodynia in the left web space and left thumb, fourth finger amputated, diminished sensation at the tip of amputated finger, 5/5 bilateral grip strength. Treatment has consisted of paraffin wax, strengthening exercises, Feodon, Zolof, Remeron, Bupropion, Inderal, Restoril, Lisinopril, Robitussin AC, Axithromycin, Geodon, Ativan, Inderal, Prilosec and Norco. The utilization review determination was rendered on 02/20/2015 recommending non-certification of Norco 10/325mg, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short acting Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for hand pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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." The treating physician does fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, appropriate use of the medication and improved quality of life in his 1/9/15 progress note. As such, the request for Norco 325/10mg # 120 is medically necessary.