MAXIMUS Federal Services

Case Number:	CM15-0052713		
Date Assigned:	03/26/2015	Date of Injury:	05/22/2012
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/19/2015

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:

The injured worker is a 30 year old male who sustained an industrial injury on 5/22/12 from a crush injury to his left hand. He has had incision and drainage with a tenosynovectomy and capsular release (7/11/12) for a large hematoma with no pain relief; two stellate ganglion blocks (2012). He currently continues with significant swelling, pain and stiffness. His pain intensity is 6-7/10. He has hypersensitivity and loss of motion. Medications are Medrol Dose Pak, Lyrica, and Norco. Diagnoses include chronic pain syndrome; chronic pain due to trauma; reflex sympathetic dystrophy upper extremity; neuralgia. Treatments to date include incision and drainage with a tenosynovectomy and capsular release (7/11/12) for a large hematoma with no pain relief; two stellate ganglion blocks (2012); heat, cold, elevation with no relief; physical therapy with moderate benefit. In the progress note dated 2/20/15 the treating provider's plan of care recommends continuing with Norco for pain, Percocet was tried but was not effective in relieving pain. His last urine drug screen was 1/3/15 and was consistent with prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 80, 91, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 79, 80 and 88 of 127.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section that opiates should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. In this case, there is alleged chronic pain syndrome. I did not show improvement in functioning out of the medicine usage. Other criteria are: (d) Resolution of pain. (e) If serious non-adherence is occurring. (f) The patient requests discontinuing. (g) Immediate discontinuation has been suggested for: evidence of illegal activity including diversion, prescription forgery, or stealing; the patient is involved in a motor vehicle accident and/or arrest related to opioids, illicit drugs and/or alcohol; intentional suicide attempt; aggressive or threatening behavior in the clinic. It is suggested that a patient be given a 30-day supply of medications (to facilitate finding other treatment) or be started on a slow weaning schedule if a decision is made by the physician to terminate prescribing of opioids/controlled substances. (i) If there are repeated violations from the medication contract or any other evidence of abuse, addiction, or possible diversion it has been suggested that a patient show evidence of a consult with a physician that is trained in addiction to assess the ongoing situation and recommend possible detoxification. (Weaver, 2002). (j) When the patient is requesting opioid medications for their pain and inconsistencies are identified in the history, presentation, behaviors or physical findings, physicians and surgeons who make a clinical decision to withhold opioid medications should document the basis for their decision. Further, it is not clear the ongoing opiates permit a return to work, and again, has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical 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. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not certified per MTUS guideline review. As this level of detail is not in the provider's notes, I am not able to verify that the continued use of narcotic medicine is clinically appropriate. Therefore, the request is not medically necessary.