

Case Number:	CM15-0086653		
Date Assigned:	05/08/2015	Date of Injury:	06/30/2011
Decision Date:	06/23/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/05/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 50 year old female, who sustained an industrial injury on 6/30/11. She has reported initial complaints of being hit by a frozen tub causing blunt trauma to her right hand. The diagnoses have included Complex regional pain syndrome (CRPS) of right upper extremity, cervical pain, headaches, bilateral impingement syndrome, bilateral upper extremity pain associated with focal entrapment neuropathy, and cervicgia. Treatment to date has included medications, diagnostics, surgery, activity modifications, physical therapy, conservative care and home exercise program (HEP). Currently, as per the physician progress note dated 3/24/15, the injured worker complains of right hand, wrist and right upper extremity continued pain rated 9/10 on pain scale, which is unchanged from previous visit. She reports that activity worsens the condition. She experiences limited movement, stiffness, tenderness and weakness. She also complains of cervical pain. She states that turning the neck worsens the condition and she experiences headaches. The neck pain is rated 8-9/10 on pain scale. The injured worker reports substantial benefit with use of medications. The objective exam revealed that she holds the right hand close to her body and exhibits moderate pain behaviors with the right hand. There is decreased range of motion in the right upper extremity, decreased grip and strength with pain. The hand on the right is swollen with trigger points diffusely, positive Tinel's and Phalen's sign, and decreased sensation to pinprick on right compared to the left. The shoulder exam movements are slow with some radicular symptoms. There is diffuse trigger points in the shoulder joints bilaterally and mild positive impingement sign. The right shoulder reveals decreased range of motion with pain and tenderness. There is decreased right sided

facial sensation and slight facial droop on the right. The neck exam reveals pain with palpation, bilateral secondary myofascial pain with triggering and ropey fibrotic banding, pain with rotational extension indicative of facet capsular tears bilateral, positive Spurling's bilaterally and positive maximal foraminal compression test bilaterally. There is severe guarding of the right upper extremity, decreased range of motion, allodynia, hyperalgesia and erythema of the right upper extremity. The physician noted that she has severe findings for carpal/metacarpal syndrome, decreased range of motion and pain to examination, which is worsening. The current medications included Fetzima, Motrin, Norco, Opana and Topamax. There was no report of urine drug testing noted with the records. The treatment plan was to continue with medications, ganglion blocks and follow-up. The physician requested treatments included Motrin 800mg 1 tab 3x day #90 with 4 refills and Norco 10/325mg 1 tab 3 x day #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg 1 tab 3 x day #90 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs (Ibuprofen) since 2012. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Future pain response and side effects cannot be predicted. Continued use of Motrin with the request for 4 refills is not medically necessary.

Norco 10/325mg 1 tab 3 x day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 82-92. Decision based on Non-MTUS Citation Opana product website for Morphine equivalent conversion.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on opioids including Opana and Tylenol #3 for over a year. The Opana equivalent of Morphine is over 240 mg. The combined use of Norco and Opana as was recently given exceeds the 120 mg of Morphine equivalent recommended daily. The continued use of Norco is not medically necessary.