

Case Number:	CM14-0160477		
Date Assigned:	10/06/2014	Date of Injury:	12/07/1995
Decision Date:	11/06/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/30/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Alabama. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 64-year old female who sustained injury to her neck, bilateral shoulders, bilateral wrists, and right hip on December 7, 1995. Prior treatment history included Paxil, Vicodin, Neurontin, Wellbutrin XL, physical therapy, braces, and left carpal tunnel release surgery. Progress Report dated June 17, 2014 documented the patient to have complaints of pain in her neck, which she described as moderate, radiating to shoulders, elbow, forearm and wrist. The patient also complained of swelling, tingling, and burning pain. Her symptoms were aggravated by activity and improved with medications. Objective findings on physical exam included left hand contracture of the interphalangeal and metacarpal phalangeal joints. The patient was diagnosed with cervical spine sprain/ strain, Sprain in both shoulders, lateral epicondylitis, status post left carpal tunnel syndrome release, lumbar spine sprain/ strain, and subclinical right carpal tunnel syndrome, and was prescribed Norco 7.5/325 #90, 5 refills. Prior Utilization Review dated September 23, 2014 modified the request for Norco 7.5/325 #540 to #90 because the lowest possible dose should be prescribed first to improve pain & function.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 7.5/325 MG QTY: 540: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-96.

Decision rationale: The above MTUS guidelines for ongoing opioid management states "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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." In this case, there is inadequate documentation of the 4 A's as listed per guidelines above. Note from 6/7/14 states "The symptoms are improved by use of medications, no activity" without quantifying this pain relief or mentioning any improvement in activities of daily living, aberrant behaviors, or adverse side effects. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.