

Case Number:	CM14-0176978		
Date Assigned:	10/30/2014	Date of Injury:	09/02/2013
Decision Date:	12/05/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 injured worker is a 46 year old female with related right wrist pain. The date of injury is 9/2/13. Per progress report dated 10/24/14, the injured worker complained of constant, achy, right wrist pain that was worse with activity, with occasional radiation to right fingers #1-4 with numbness and tingling, sometimes in the thumb, occasionally radiating to the right elbow. She rated her pain 8/10 in intensity. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included cortisone injection and medication management. The date of UR decision was 9/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids "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 non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any 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." Per progress report dated 10/24/14, it was documented that the use of medications decreases the injured worker's pain from 10/10 to 6/10 and improves ADLs and functionality. She has no side effects from medications and exhibits no drug seeking behavior. Controlled substances contract was reviewed and signed by the injured worker on 4/9/14. CURES report was reviewed 5/2/14 and the injured worker was compliant with the pain medication regimen. She was working full time. The request is medically necessary.