

Case Number:	CM15-0112242		
Date Assigned:	06/18/2015	Date of Injury:	10/27/2011
Decision Date:	07/20/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old female, who sustained an industrial injury on October 27, 2011. She reported an injury to her right hand. Treatment to date has included right hand debridement surgery, surgical removal of neuromas, medications, stellate ganglion blocks and antidepressants. Currently, the injured worker complains of bilateral upper extremities pain. She reports that the pain has remained unchanged since her previous visit. She rates her pain with medications as a 4 on a 10 point scale and an 8 on a 10 point scale without using medications. She reports that she has had an increased tremor in her left hand for the previous two weeks. She reports that her quality of sleep is fair and her activity level has remained the same. On physical examination of the cervical spine the injured worker had spasm, tenderness and tight muscle band and trigger point. A twitch response was obtained and she had radiation of pain on palpation. The range of motion of her right hand was restricted and limited by pain. She had allodynia over the entire hand and a decrease in temperature was noted. Sensation to pin prick was decreased over the medial and lateral right hand and dysesthesias were present. The diagnoses associated with the request include causalgia of the upper limb and hand pain. The treatment plan includes continuation of Cymbalta, Lyrica, Docusate, Norco, Simethicone, Propranolol, referral to neurologist for evaluation of tremors, and work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 twice daily as needed: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustain a work injury in October 2011 and continues to be treated for right upper extremity pain including a diagnosis of CRPS. Medications are referenced as decreasing pain from 8/10 to 4/10. There was a cervical paraspinal muscle point trigger point. There was decreased right hand range of motion with pain. There was allodynia and decreased temperature. Medications included Norco being prescribed at an average daily MED (morphine equivalent dose) of 10 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.