

Case Number:	CM15-0113066		
Date Assigned:	06/19/2015	Date of Injury:	08/17/2007
Decision Date:	07/24/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/11/2015

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: 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 67 year old male, who sustained an industrial injury on 08/17/2007. He has reported subsequent left wrist and hand pain and was diagnosed with traumatic arthritis of the left wrist and chronic regional pain syndrome of the left upper extremity. Treatment to date has included medication. In a progress note dated 05/21/2015, the injured worker complained of left wrist and hand pain that was rated as 7-8/10. Objective findings were notable for the injured worker holding the left arm close to the body. The physician noted that Norco was helping to relieve breakthrough pain by 5% and that medications helped the injured worker to be able to complete daily activities. A request for authorization of Norco 10/325 mg #150 and Norco 10/325 mg #150 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic left upper extremity pain. This is related to an industrial injury dated 08/17/2007. This review addresses a request for Norco 10/325 mg. Norco 10/325 mg contains 325 mg of acetaminophen and 10 mg of hydrocodone, an opioid. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with Norco is not medically necessary.

1 prescription of Norco 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic left upper extremity pain. This is related to an industrial injury dated 08/17/2007. This review addresses a request for Norco 10/325 mg. Norco 10/325 mg contains 325 mg of acetaminophen and 10 mg of hydrocodone, an opioid. The documentation states that after a Norco pill, there is a 5% pain reduction. Norco 10/325 mg contains 325 mg of acetaminophen and 10 mg of hydrocodone, an opioid. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with Norco is not medically necessary.