

Case Number:	CM15-0117956		
Date Assigned:	06/26/2015	Date of Injury:	10/25/2006
Decision Date:	07/27/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/18/2015

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: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 10/25/06. He reported injury to his left wrist and hand after a vehicle rolled forward over his hand and wrist. The injured worker was diagnosed as having complex regional pain syndrome, right upper extremity pain and right rotator cuff pain. Treatment to date has included a right shoulder MRI on 1/3/13 with normal results and psychiatric treatments. Current medications include Norco since at least 11/13/14, Lyrica, Zoloft and Wellbutrin. The strength of Norco was decreased from Norco 7.5/325mg to Norco 5/325mg sometime around February or March of 2015. As of the PR2 dated 5/8/15, the injured worker reports pain in his right shoulder and upper arm. He rates his pain a 7-8/10 without medications and a 3-4/10 with medications. Objective findings include tenderness to palpation of the right shoulder subacromial space and distal clavicle, pain with flexion and extension of the right wrist and increased pain with extension and lateral bending of the cervical spine. On 6/9/15, the treating physician noted the right shoulder flexion is 130 degrees, abduction is 120 degrees and increased pain with active flexion and extension of the right wrist. The treating physician requested Norco 5/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury of 2006 without acute flare, new injury, or progressive deterioration. The Norco 5/325 mg #120 is not medically necessary and appropriate.