

Case Number:	CM15-0174643		
Date Assigned:	09/16/2015	Date of Injury:	05/31/2002
Decision Date:	10/23/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/04/2015

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 55 year old male, who sustained an industrial injury on May 31. The injured worker is diagnosed as having right hand-wrist tenosynovitis (not otherwise specified). His work status is temporary total disability. Currently, the injured worker complains of increased right hand pain accompanied by swelling and numbness. He reports shooting right wrist pain accompanied by a popping sensation. The pain is described as constant, aching, burning, cramping, cutting, pins and needles, pressure, sharp, and soreness and throbbing. He rates his pain at 4-9 on 10. He reports the medication helps him to function. He is unable to hold objects in his right hand due to numbness. He experiences occasional difficulty with driving, typing, writing, tactile discrimination and dressing himself and frequent difficulty with grasping, lifting and sleep disturbance due to the pain. He also reports avoiding exercising, recreation, and engaging in household chores due to the pain. A pain diagram indicates the pain is located in the right upper extremity. Physical examinations dated April 23, 2015-August 12, 2015 reveal a "soft tissue mass, flexor tenosynovitis, of the right palmar region, +Tinel's sign, pain on palpation to the ulnar half of the right hand" and a decreased sensation to light touch in her right hand fingers. There is full range of motion noted in his right hand fingers, "painful movements with palmar flexion", tenderness to palpation over the "anatomical snuffbox", hand movements are painful with extension and flexion, and tenderness to "palpation over the thenar eminence". There is "considerable weakness" in the right hand. Wrist flexion and extension are within normal limits (grade 5), finger extension is grade 3 (full range of motion against gravity) on the right. "There is local tenderness and circumscribed trigger points with evidence upon

palpation of a twitch response as well as referred pain in the cervical and trapezius region on the right". A pain diagram indicates pain is in the right upper extremity. Treatment to date has included medications (Voltaren, Fexmid, Protonix, Tylenol #4 and Ultram-causes nausea and constipation), pain management, surgical intervention x 6 (no relief), acupuncture (no relief), psychotherapy (moderate relief), physical therapy (no relief), MRI (2014) and x-rays (2014). A request for Norco 10-325 mg #60 is denied due to failed therapeutic efficacy with multiple opiate analgesics including Norco, and a urine toxicology is denied due to denial of Norco (as stated above) and is not appropriate, per Utilization Review letter dated August 31, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 08/12/15 with pain in the right upper extremity and pain in the fingers of the right hand. The pain is rated 9/10 at worst, 4/10 when under control. The patient's date of injury is 05/31/02. Patient is status post multiple surgeries to the right hand/wrist, most recent in 2002 and 2005. The request is for Norco 10/325mg Quantity 60. The RFA was not provided. Physical examination dated 08/12/15 reveals tenderness to palpation over the right anatomical snuffbox and thenar eminence, and painful flexion/extension of the hand. The patient is currently prescribed Tylenol 3, Flexeril and Lisinopril. Patient is currently not working. MTUS, Criteria For Use Of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria For Use Of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications For Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids For Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." In regard to Norco for the management of this patient's chronic pain, the treater has not provided adequate documentation of opiate efficacy to continue use. Progress note dated 08/12/15 has the following: "He has been taking Cylobenzaprine, APA Codeine phosphate and Diclofenac without significant relief. Also

the patient has taken Ultram but the medication makes him sick to the stomach. We discussed the risks vs. benefits of long-term opioid use for non-cancerous pain control. The patient states that he does not have any untoward effects with the medication and it has helped keep him functioning at home and when he is out." Such vague documentation does not satisfy MTUS guidelines, which require analgesia via a validated scale (with before and after ratings) attributed to medications, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, the provider notes pain ratings for when pain is "under control" but this is not clearly attributed to medications, and no any activity-specific functional improvements are provided. The provider does note prior consistency and a lack of aberrant behavior. However, without documentation of analgesia via a validated scale, and clear activity-specific functional benefits, continuation of narcotic medications cannot be substantiated and this patient should be weaned. Owing to a lack of complete 4A's documentation, the request is not medically necessary.

Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Urine Drug Testing.

Decision rationale: The patient presents on 08/12/15 with pain in the right upper extremity and pain in the fingers of the right hand. The pain is rated 9/10 at worst, 4/10 when under control. The patient's date of injury is 05/31/02. Patient is status post multiple surgeries to the right hand/wrist, most recent in 2002 and 2005. The request is for Urine Toxicology. The RFA was not provided. Physical examination dated 08/12/15 reveals tenderness to palpation over the right anatomical snuffbox and thenar eminence, and painful flexion/extension of the hand. The patient is currently prescribed Tylenol 3, Flexeril and Lisinopril. Patient is currently not working. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Pain Chapter, under Urine Drug Testing has the following: Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. In regard to the request for urine toxicology screening, such screening is not necessary as this patient's narcotic medications are not substantiated for continued use. This patient was previously prescribed Tylenol 3 for chronic pain, and subsequently the provider requested Norco. While urine drug screening is an appropriate measure to ensure patient compliance with medications, the requested Norco was not substantiated owing to a lack of complete 4A's documentation. Therefore, the request is not medically necessary.