

Case Number:	CM15-0063962		
Date Assigned:	04/09/2015	Date of Injury:	11/11/2011
Decision Date:	05/28/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/03/2015

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: Pennsylvania, Ohio, 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 57 year old, male who sustained a work related injury on 11/11/11. The diagnosis has included right upper extremity complex regional pain syndrome. The treatments have included stellate ganglion injection, oral medications, transdermal creams and a steroid injection. In the PR-2 dated 1/16/15, the injured worker complains of pain in hand especially in index finger that extends to forearm. He complains of burning and hypersensitivity. He received a ganglion stellate injection and obtained 75% relief for one week. The treatment plan is a prescription to refill Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. Of particular note, the records document multiple prior urine drug screens which were inconsistent since the prescribed medication Hydrocodone (as part of Norco) was not detected; the records do not clearly explain why these inconsistent drug screens occurred and why Norco remains indicated subsequent to such events. The records in this case overall do not meet the 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.