

Case Number:	CM15-0074678		
Date Assigned:	04/24/2015	Date of Injury:	08/06/2009
Decision Date:	05/28/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/20/2015

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, North Carolina
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 55 year old female, who sustained an industrial injury on 08/06/2009. The injured worker is currently diagnosed as having joint pain and wrist pain. Treatment and diagnostics to date has included paraffin wax, wrist brace, and medications. In a progress note dated 03/18/2015, the injured worker presented with complaints of left wrist pain. The treating physician reported requesting authorization for Norco and MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #60: Upheld

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

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

Decision rationale: The request is for chronic opioid therapy for wrist pain in the form of Norco 10/325 #180/month and MS Contin 15 mg #60/month. CA MTUS states, "Pain assessment

should include: current pain, least reported pain over the period since last assessment, average pain, intensity of pain after taking opioid, how long it takes for pain relief and how long pain relief lasts." There is no evidence of this information in the medical records. Chronic opioids are in general not recommended for pain control. There is also no evidence that first-line agents, such as antidepressants and anti-epilepsy medications have been tried and failed. The documentation provided reveals no specifics of objective pain relief for each dosing of the medication. There has been no attempt to taper or wean the patient from the medications over at least the previous six months. The combination of two potent opioids also presents a significant risk factor for adverse drug interaction. This request is deemed not medically necessary.

Norco 10/325mg #180: Upheld

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

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

Decision rationale: This is a request for chronic opioid therapy in the form of Norco 10/325 mg #180/month and MS Contin 15 mg #60/month. CA MTUS states, "Pain assessment should include: current pain, least reported pain over the period since the last assessment, average pain, intensity of pain after taking an opioid, how long it takes for pain relief, how long pain relief lasts. The records submitted fail to provide this information. Chronic opioid therapy in general is not recommended. There is no evidence that the patient has tried and failed first-line pain medications, such as antidepressants and anti-epilepsy medications. There is also no specific objective pain relief for each dosing of the medication. There has been no attempt to taper or wean the patient from the opioids for at least six months. The combination of two potent opioids also presents significant potential for severe drug interaction. Therefore, this request is not medically necessary.