

Case Number:	CM14-0147258		
Date Assigned:	09/15/2014	Date of Injury:	06/25/2009
Decision Date:	10/22/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records reflect the claimant is a 40 year old male who sustained a work injury on 6-25-09. Documentation notes the claimant sustained a right hand laceration that required surgical intervention with digital nerve repair. The claimant developed CRPS. He had a SCS implanted in November 2011. Office visit on 8-4-14 notes the claimant had right hand pain. He reported poor sleep. The claimant was provided with a hand splint. On exam, the claimant had no limitation in range of motion of the cervical spine. He had tenderness to palpation at the cervical muscles and trapezius. There was no range of motion limitations at the fingers. Neurological exam showed decreased sensation over the ring and little finger on the right and lateral upper arm on the forearm. The claimant had full strength. He had an EMG/NCS recently that showed no neuropathy or radiculopathy.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96. Decision based on Non-MTUS Citation Pain chapter - opioids

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that ongoing use of opioids require ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). There is an absence in documentation noting that the claimant has functional improvement with this medication. There is Quantification of improvement, if any, or any documentation that this medication improves psychosocial functioning. Therefore, Norco 10/325mg #120 is not medically necessary.