

Case Number:	CM13-0035390		
Date Assigned:	12/13/2013	Date of Injury:	08/30/2011
Decision Date:	02/28/2014	UR Denial Date:	10/05/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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 physician 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.

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 patient is a 30-year-old female who sustained a work related injury on 8/30/11. According to the record dated 8/15/13 it indicates that there is some compliance issue regarding the patient taking medications. The patient was complaining of stubbing left hand pain at a pain scale rate of 7 out of 10. Physical examination showed left hand tenderness. The patient was treated with tramadol and ibuprofen. She was diagnosed with painful retained hardware of the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Norco 10/325mg #60 (1 refill): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 179.

Decision rationale: MTUS guidelines state that Norco is indicated for moderate to moderately severe pain and ongoing use of opioids should follow specific rules that include: prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; the lowest possible dose should be prescribed to improve pain and function and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines also indicate that pain assessment should include: current pain; the least reported pain

over the period since last assessment. In this case, the medical records submitted for review indicate that the patient has had compliance issues with medication and thus, a shorter prescription of Norco would better assist with assessing the patient's needs and compliance issues. Therefore, the request for Norco 10/325mg#60 is not clinically indicated. The request for one (1) prescription of Norco 10/325mg #60 (1 refill) is not medically necessary and appropriate.