

Case Number:	CM13-0039340		
Date Assigned:	12/18/2013	Date of Injury:	08/06/2007
Decision Date:	04/04/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/04/2013

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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. 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:

This patient is a 56-year-old with a date of injury of August 06, 2007. He was diagnosed with a wrist injury as a result of pulling a rake that was stuck in gravel. The most recent progress report, dated November 05, 2013, identified subjective complaints of chronic left wrist pain. Objective findings included tenderness to palpation along the dorsal and volar aspects of the wrist. Tenderness to palpation, specifically at the scapholunate interspace, is noted. There is painful range of motion. An MRI of the wrist showed an abnormal signal in the lunate compatible with erosion, subchondral cyst, or a contusion. Diagnoses indicate that the patient has "left wrist derangement and chronic sprain/strain". Recent treatment has included oral analgesics. Surgery is being contemplated. The note states that the patient has "Poor function of the wrist at this point" and "remains permanently disabled and stationary." Treatment now recommended is continued use of his current analgesic. A Utilization Review determination was rendered on September 17, 2013 recommending non-certification of Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-82.

Decision rationale: Norco 10/325 is a combination drug containing acetaminophen and the opioid hydrocodone. The California MTUS Chronic Pain Guidelines state that there should be documentation and ongoing review of pain relief, functional status, appropriate 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 state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. They further state that pain assessment should also 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. The guidelines also state that with chronic low back pain, opioid therapy is effective but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited. Additionally, there is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back. The claimant has been on opioids well in excess of 16 weeks. Likewise, the documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. Last, no dose or duration was requested in the approval. The guidelines state that there should be an evaluation by a pain specialist if the daily morphine equivalents exceed 120-180mg per day. Therefore, the request is not considered medically necessary or appropriate.