

Case Number:	CM13-0041694		
Date Assigned:	06/09/2014	Date of Injury:	09/26/2011
Decision Date:	08/05/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/30/2013

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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:

The records presented for review indicate that this 54 year-old female was reportedly injured on 9/26/2011. The mechanism of injury is noted as a work-related fall. The most recent progress note, dated 9/5/2013 indicates that there are ongoing complaints of bilateral hand numbness and tingling. The physical examination demonstrated left hand: slight clawing of the owner two digits. Diminished sensation of the little and ring fingers bilaterally. Weakness on the left. Right hand: mild limitation of the right middle finger. Mild tenderness at the base of the right middle finger. Diagnostic imaging studies include mention of an EMG from October 2011, official report was unavailable for review. Previous treatment includes right hand surgery, left hand surgery, physical therapy and medications to include Norco. A request had been made for NORCO 5.0 MG TABS #30, and was not certified in the pre-authorization process on 9/24/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5.0 MG TABS #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDLINES, OPIOIDS,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Opioids Section Page(s): 74-78 OF 127.

Decision rationale: Norco (Hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. Chronic Pain Medical Treatment Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from bilateral hand numbness and tingling. It is noted in the plan that there is complaints of left upper extremity pain, however is not mentioned in the history nor is there any documentation of physical exam being performed. After review of the medical records there was no documentation of improvement in the injured workers pain or function with the current regimen. As such, this request is not considered medically necessary.