

Case Number:	CM13-0059610		
Date Assigned:	12/30/2013	Date of Injury:	08/10/2012
Decision Date:	04/11/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/26/2013

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 Family Practice, 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:

The patient is a 43-year-old female who reported an injury on 08/10/2012 after a crushing injury and traumatic amputation of her finger. The patient developed chronic pain that was managed with Hydrocodone usage. The patient was regularly monitored for aberrant behavior with urine drug screens. The patient underwent a course of physical therapy. The patient's most recent clinical documentation noted that the patient had decreased pain with physical therapy with an improvement in the ability to perform work duties. The patient's physical findings included hyper-sensation of the hand and decreased fine manipulation. The patient's diagnosis included status post right middle finger amputation with amputation repair following a crush injury. The patient was also diagnosed with anxiety and depression and medication-induced gastritis. The request was made for additional medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO5/325MG QTY 60 WITH 0 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, California code of regulations Title 8, effective July 18, 2009

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Norco 5/325mg #60, zero refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of opioids be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the patient is monitored for aberrant behavior. It is also noted within the documentation that the patient has been on this medication since at least 12/2012. However, the patient's most recent clinical assessment fails to document a quantitative assessment of pain relief to establish the efficacy of this medication. Additionally, there is no documentation of functional benefit related to medication usage. Therefore, continued use would not be supported. As such, the requested Norco 5/325mg #60, zero refills is not medically necessary or appropriate.