

Case Number:	CM13-0063349		
Date Assigned:	12/30/2013	Date of Injury:	04/28/1999
Decision Date:	05/08/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/06/2013

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 Anesthesiology, has a subspecialty in Pain 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 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 injured worker is a 67-year-old female who sustained an unspecified injury on 04/28/1999. The injured worker was evaluated on 12/05/2013 for complaints of low back pain that radiates to the bilateral lower extremity to the level of the knee. The injured worker additionally complained of neck pain that radiates to the level of the wrist, hands and fingers. The documentation submitted indicated the injured worker's pain level was 8/10 with medications and 9/10 without medications. The physical examination noted bilateral knee tenderness and decreased range of motion. The treatment plan indicated a refill of medications and the injured worker was to follow-up in 1 month for re-evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NORCO 5/325MG, #90 FOR THE BILATERAL WRISTS AS AN OUTPATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM PRACTICE GUIDELINES ([HTTP://WWW.ACOEMPRACGUIDES.ORG/HAND AND WRIST](http://www.acoempracguides.org/hand_and_wrist); TABLE 2, SUMMARY OF RECOMMENDATIONS, HAND AND WRIST DISORDERS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ONGOING MANAGEMENT Page(s): 78-79.

Decision rationale: The request for prescription of Norco 5/325 mg, #90 for the bilateral wrists as an outpatient is non-certified. The documentation submitted for review indicated the injured worker's pain level was 8/10 with medications and 9/10 without medications. The documentation did not indicate the injured worker's location of pain for that scale. The California MTUS Guidelines recommend the ongoing management of opioid therapy to include the monitoring of pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant or non-adherent drug related behaviors. The documentation submitted for review indicated the injured worker did not have significant pain relief with the use of medications. The guidelines recommend the discontinuation of opioid therapy when there is no overall improvement in function or significant pain relief. The documentation submitted for review did not indicate the injured worker's functional ability with the use of medications. The documentation did not include a physical examination to include the injured worker's bilateral wrists. Furthermore, the documentation indicated that injured worker's pain level was 8/10 with the use of medication and 9/10 without the use of medication. Therefore, the injured worker did not have significant pain relief with the use of medication. Given the information submitted for review the request for prescription of Norco 5/325 mg, #90 for bilateral wrists as an outpatient is non-certified.