

Case Number:	CM14-0004029		
Date Assigned:	02/05/2014	Date of Injury:	08/18/2003
Decision Date:	06/20/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 injured worker is a 47 year old male injured on 08/18/03 due to undisclosed mechanism of injury. Current diagnoses included degenerative joint disease of the left thumb and carpal tunnel syndrome of the left wrist. Clinical note dated 12/02/13 indicated the injured worker presented complaining of moderate aching, stiffness, and swelling of bilateral hands. Objective findings included decreased grip strength, moderate swelling of all fingers, and tenderness of the carpal metacarpal joint of bilateral thumbs. The patient reported more pain with onset of cold weather. The injured worker had mild degenerative changes at the CMC joint bilaterally. The documentation indicated the injured worker did not require injections. Previous treatments included bracing and medication management. Current medications included Norco 10mg one by mouth once a day. The request for Norco 10/325 #60 with one refill was non-certified on 12/10/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 (#60) WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, there were no recent urine drug screen reports made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 10/325 (#60) with 1 refill cannot be established at this time. Therefore is not medically necessary.