

Case Number:	CM14-0007757		
Date Assigned:	02/07/2014	Date of Injury:	04/20/2012
Decision Date:	07/24/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/17/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 39-year-old male patient with a 4/20/12 date of injury. He was climbing up a ladder onto a rig when the guide arm crushed his wrist and hand between metal beams. A 12/9/13 progress report indicated that the patient complained of pain and discomfort in the right hand and wrist. He recently returned to modified work, and described increased pain at the end of the day. He could not take Tramadol because due to GI difficulties. He is able to manage his pain with Vicodin. Physical exam of right wrist showed decreased range of motion due to pain. His hand grip was 2/5, and he had tenderness over the ulnar aspect. A 2/6/14 progress report indicated that the patient continued to complain of the pain in the wrist and hand, 8/10. The patient previously had inconsistent urine drug screen results that were negative for opiates, but the patient is on the low dose of Norco 5/325, which he was taking only 2-3 times per week, bedtime. A 4/16/2014 progress report indicated that there was no change in the wrist, swelling in the right hand with pain up the arm. There was also no change in the range of motion. He was diagnosed with reflex sympathetic dystrophy of the upper limb, carpal tunnel syndrome, and fracture of the radius and ulna. Treatment to date: medication management and physical therapy, sympathetic ganglion block at T2-T3 level (which was helpful). There is documentation of a previous 12/31/13 adverse determination. The rationale for denial was not provided for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325 EVERY NIGHT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 79-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient complained of pain in the right hand and wrist. He was prescribed Hydrocodone 5/325mg from, at least, 11/2013. He was prescribed opiates. However, there was no documentation to support functional gains and decreased pain. In addition there were urine drug screen tests with negative result for opiates. There is no documentation of lack of adverse side effects or aberrant behavior. Therefore, the request for Norco 5/325 every night was not medically necessary.