

Case Number:	CM14-0013476		
Date Assigned:	02/21/2014	Date of Injury:	09/25/2013
Decision Date:	07/29/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/03/2014

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 Occupational Medicine, and is licensed to practice in California. 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 53-year-old male who has submitted a claim for chronic right thumb ulnar collateral ligament avulsion fracture at the MP joint with post-traumatic arthrosis and right scapholunate ligament injury, associated with an industrial injury date of September 25, 2013. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 2/4/14, showed persistent pain, swelling, stiffness, and weakness in his right thumb MP joint and hand. Physical examination revealed limited range of motion of the right wrist. The Watson's test was negative. There was 30 degrees of laxity with stressing of the ulnar collateral ligament at the right thumb MP joint with pain and a stable endpoint. There was limited range of motion for the IP joint of the right thumb with pain in the MP joint. Treatment to date has included physical therapy, protective thumb spica splinting, and medications, including Norco since December 2013. The patient was certified for right thumb metacarpophalangeal fusion surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: According to pages 78-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless 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. In this case, patient has been on Norco since December 2013. However, the most recent clinical evaluation revealed no analgesia and functional improvement with its use. Moreover, the patient reported side effects. The medical necessity of Norco was not established.