MAXIMUS Federal Services

| Case Number: | CM14-0115834 | | |
|---|---|---|---|
| Date Assigned: | 08/06/2014 | Date of Injury: | 02/03/2014 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 07/17/2014 |
| Priority: | Standard | Application Received: | 07/24/2014 |

## 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 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 claimant is a 41-year-old female who fell while carrying a stack of plants on February 3, 2014, and sustained a hyperextension injury. She was diagnosed with a left scapholunate ligament tear. The treating physician recommended arthroscopic reconstruction of the left scapholunate ligament with tendon grafting. The request was approved through Utilization Review on July 17, 2014. The records contained no additional clinical documentation relative to this request, which is for the postoperative use of Norco 10 mg tablets, dispensed in a quantity of 40, with one refill.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG # 40, 1 refill:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids-Criteria For Use Page(s): 76-80.

**Decision rationale:** Based on the MTUS Chronic Pain Guidelines, the postoperative use of Norco would be appropriate in this case. The claimant sustained injury for which operative intervention in the form of arthroscopy and ligamentous repair is to be performed. Given the

need for a short-acting, analgesic medication for postoperative pain control, this request would be indicated as medically necessary as prescribed.