

Case Number:	CM14-0124063		
Date Assigned:	08/08/2014	Date of Injury:	01/24/2013
Decision Date:	10/16/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/06/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 21-year-old with a reported date of injury of 01.24.2013. The patient has the diagnoses of traumatic amputation of the fingers. Past treatment modalities have included occupational therapy. Per the most recent progress notes provided by the primary treating physician dated 06/23/2014, the patient reported constant severe pain rated a 9/10 at the tip of the right second finger. Per the physical exam there was tenderness on the tip of the index fingers and decreased grip strength in the right hand. The treatment plan recommendation included refill of pain medication and dismissal from care with no specified reason.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 tablet q 6hours #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-86.

Decision rationale: The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. The most recent progress reports do not note the patient's work status but state the patient has continued severe pain. The patient continues to have significant pain without documented significant improvement in other outcome measures and function. There is no measurable improvement in function or pain recorded in the progress notes. For these reasons the criteria set forth above of ongoing and continued used of opioids

have not been met. Therefore the request is not certified.