

Case Number:	CM14-0138079		
Date Assigned:	09/05/2014	Date of Injury:	02/19/2013
Decision Date:	10/08/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/26/2014

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, Pain Medicine and is licensed to practice in Florida. 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 42 year-old female who reported an injury on 02/19/2013. The mechanism of injury was not provided. The diagnosis was right wrist De Quervain's tenosynovitis and status post De Quervain's release on the right. Past treatments included conservative care, pain medications, physical therapy, a home exercise program, cortisone injections, use of a right wrist splint, and acupuncture. It was noted on 06/17/2014 that the injured worker reported pain and discomfort in the right wrist that was aching in nature associated with a burning sensation radiating proximally. The injured worker rated her pain level at 9/10. The physical examination findings revealed tenderness to palpation over the right wrist, range of motion was near normal with pain, and a positive Finkelstein's test on the right wrist. Medications included norco 5/325mg #60 one by mouth every 6-8 hours as needed for pain. The treatment plan was for continued use of norco 5/325 mg #60. The rationale for the request and the authorization form was not provided for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management, Page(s): 78.

Decision rationale: The request for norco 5/325 mg #60 is not medically necessary. The California MTUS guideline state, in regard to ongoing opioid use, there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker had a history of pain and discomfort in the right wrist. The injured worker underwent a right wrist De Quervain's release and has been treated with conservative care, pain medications, physical therapy, a home exercise program, cortisone injections, use of a right wrist splint, and acupuncture. There was a lack of quantifiable, objective documentation within the medical record to support whether the medication has provided the injured worker with pain relief and improved function. There was also no evidence that the injured worker has been monitored for side effects or appropriate medication use. It was noted in the medical record that the injured worker was having urine drug screens, but there were no lab reports with consistent results were included in the medical record for review. Additionally, the request as submitted did not provide the frequency for the medication. Per the above guideline, in the absence of documentation to support that proper ongoing monitoring for opioid use has occurred, and the fact that the request as submitted does not include the frequency for the opioid, the request is not warranted. As such, the request is not medically necessary.