

Case Number:	CM14-0162888		
Date Assigned:	10/08/2014	Date of Injury:	02/12/2014
Decision Date:	11/24/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/03/2014

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 Physical Medicine and Rehabilitation, 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 underlying date of injury in this case is 2/12/2014. The date of the utilization review under appeal is 9/3/2014. On 8/11/2014, the patient was seen in primary treating orthopedic follow-up with ongoing right upper extremity pain. The patient was noted to have a history of a complex laceration of the right index and middle fingers and to be status post flap grafting from the middle to the index digit and a history of a split-thickness skin graft in the right upper arm to the middle digit and status post detachment of the flap from the middle digit. The patient's flap graft was done 2/26/2014 and detachment of the flap was done 3/19/2014. The patient continued with several small wound healing by secondary intention of the right index finger and the patient had residual nail-bed deformity. The patient was instructed in exercises, soft tissue modalities including desensitization of the digits. Ongoing treatment was recommended to include Norco and Orudis. The initial physician review recommended noncertification of Norco given lack of documentation of benefit and given the lack of indication of functional improvement from this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 25 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet, Lorcet, Lorta.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: The underlying date of injury in this case is 2/12/2014. The date of the utilization review under appeal is 9/3/2014. On 8/11/2014, the patient was seen in primary treating orthopedic follow-up with ongoing right upper extremity pain. The patient was noted to have a history of a complex laceration of the right index and middle fingers and to be status post flap grafting from the middle to the index digit and a history of a split-thickness skin graft in the right upper arm to the middle digit and status post detachment of the flap from the middle digit. The patient's flap graft was done 2/26/2014 and detachment of the flap was done 3/19/2014. The patient continued with several small wound healing by secondary intention of the right index finger and the patient had residual nail-bed deformity. The patient was instructed in exercises, soft tissue modalities including desensitization of the digits. Ongoing treatment was recommended to include Norco and Orudis. The initial physician review recommended noncertification of Norco given lack of documentation of benefit and given the lack of indication of functional improvement from this medication.