

Case Number:	CM14-0021109		
Date Assigned:	05/07/2014	Date of Injury:	07/05/2001
Decision Date:	07/09/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/20/2014

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 Internal 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 injured worker is a 42 year old female who sustained injuries to her left wrist on 07/05/01. Per the clinical record, this was identified as a Galeazzi fracture of the left distal radius with concomitant subluxation of the ulnar head at the wrist. This was initially treated with open reduction and internal fixation. She later underwent stabilization of the extensor carpi ulnaris tendon at the wrist and later removal of a bone plate and screws on 04/03/03. Records indicate the injured worker underwent a lower extremity electrodiagnostic study (EMG/NCV) on 10/04/06. This study revealed evidence of a chronic right L5 lumbar radiculopathy without active denervation. Findings were worse on the right as compared to the left. The record further refers to urine toxicology screens on 10/04/10 and 01/25/10. Per the clinical note dated 01/17/14, the injured worker has complaints of low back pain. She is reported to be trying physical therapy for pain relief. She reports that her medications are working well and that her activity level has increased. It is reported that her current medications include Voltaren 1% gel, Lyrica 100mg, Norco 10/325mg, Abilify 30mg, Cymbalta 30mg, Ranitidine 150mg, Omeprazole 20mg, Benztropine MEAS 1mg, Clonazepam 2mg, and Seroquel 100mg. On physical examination, she does not appear to be in acute distress, gait is normal. Range of motion of the lumbar spine is limited to 45 degrees on extension and is limited to 12. Straight leg raise is reported to be positive on the left. On examination of the left wrist, there is swelling and a healed surgical scar. Range of motion is restricted with ulnar deviation limited to 2 degrees secondary to pain. Radial deviation is limited to 2 degrees secondary to pain. There is tenderness to palpation over the radial side and anatomical snuff box. Motor strength is graded as 5/5 throughout. There is no hypotonia or hypertonia. Left patellar reflex is 1/4. Ankle reflexes are graded as 1/4 bilaterally. Straight leg raise is positive on the left. The record

includes a utilization review determination dated 01/30/14 in which a request for Norco 10/325mg #60 with 1 refill was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #60 WITH 1 REFILL: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR THE USE OF TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Norco 10/325mg #60 with one refill is recommended as medically necessary. The submitted clinical records indicate the injured worker sustained a fracture and is status post ORIF with chronic wrist pain as well as chronic low back pain secondary to a motor vehicle collision. The records indicate that the injured worker has been maintained on this medication for several years and it is documented as having proven benefit. The record reflects that the injured worker is permanent and stationary and is working full time. The record includes urine drug screens which indicate compliance with the treatment regimen. Noting the injured worker is continuing to work and has increased functional abilities, as a result the continued use of this medication would be supported under CA MTUS and medical necessity has been established.