

Case Number:	CM14-0022383		
Date Assigned:	02/26/2014	Date of Injury:	12/04/2000
Decision Date:	06/12/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/21/2014

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 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:

This injured worker's date of injury is 12/04/2000. This patient is receiving treatment for chronic L wrist and forearm pain. The treating physician states in his note dated 01/24/2014 that the patient has persisting left wrist pain. He writes that the patient had two operations on his wrist. He also complains of swelling of the right side of his body. On examination the left wrist showed swelling and was extremely tender, "I can't even touch it." There were no signs of body swelling. The request is for refills of Norco 10/325mg #300.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #300: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's the Pharmacological Basis of Therapeutics, 12th Ed., McGraw Hill, 2006, Physician's Final Determination Letter for IMR Case Number CM14-0022383 3 Desk Reference, 68th Ed., www.RxList.com and Official Disability Guidelines (ODG), Worker's Compensation Drug Formulary; AMDD Agency Medical Director's Group Dose Calculator

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 86-88.

Decision rationale: This patient has chronic left wrist pain. Norco 10/325 mg is a combination pill with hydrocodone 10mg (an opioid) and acetaminophen 325mg (an analgesic). If the patient takes 10 tabs a day, that means the daily intake of hydrocodone is 100mg. This is practically at the recommended limit of 120 mg morphine equivalents a day. The daily dose of acetaminophen is 3000mg, which is very high, assuming normal liver function (which is not documented). The physician has not documented any screening indicators of addiction. These include: adverse consequences, loss of control over medication use, craving and preoccupation, and adverse behavior. Based on the documentation in this case, the request for Norco 10/325mg #300 is not medically necessary.