

Case Number:	CM14-0024936		
Date Assigned:	06/11/2014	Date of Injury:	01/19/2012
Decision Date:	07/25/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/27/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 62-year-old female who reported an injury on 01/19/2012 secondary to an unspecified mechanism of injury. The injured worker was evaluated on 01/21/2014 for reports of right wrist and hand stiffness and some pain after surgery on 01/14/2014. The exam noted the patient was wearing a brace and wraps on the right wrist. Guarding was noted to the right upper extremity with swelling of the hand and fingers. The diagnoses included status post right cyst excision. The treatment plan included followup with the surgeon for future removal and post-op physical therapy. The request for authorization and rationale for request were not in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Norco 7.5/325 mg #120 is not medically necessary. The California MTUS Guidelines may recommend the use of opioids for the ongoing management of chronic pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a significant lack of clinical evidence of an objective assessment of the injured worker's pain level, functional status, evaluation for risk for aberrant drug use behavior, and side effects. Furthermore, the request does not indicate the frequency of the prescription. Therefore, due to the significant lack of clinical evidence of an objective assessment of the injured worker's pain level and functional status and the request not containing the frequency, the request for Norco 7.5/325 mg #120 is not medically necessary.