

Case Number:	CM14-0032221		
Date Assigned:	06/20/2014	Date of Injury:	07/28/2004
Decision Date:	08/05/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/13/2014

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. 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 57 year old female injured on 07/28/04 due to an undisclosed mechanism of injury. Current diagnoses include bilateral wrist pain, insomnia, and trigger finger of the left hand. The clinical note dated 02/20/14 indicates the injured worker presented for follow up of chronic injury. It is noted the injured worker's condition has worsened over time. Wrist and hand surgeries have not been successful and prior treatment modalities have never successfully provided pain management. The injured worker reports pain level is 6/10 without medications. The documents indicate the injured worker appears to have trigger finger due to multiple surgeries, left 3rd finger is now locked up, with no improvement. Physical examination reveals decreased range of motion of right and left wrist, decreased muscle strength of bilateral hands, and tenderness and swelling with possible trigger finger on the right hand. Medication list includes Norco 10mg, 1 tablet every 4-6 hours as needed for pain #210 tablets and Motrin 800mg, 1 tablet three times a day #90 tablets. The initial request for Norco 10mg #210 with 2 refills was initially non-certified on 03/03/14 with modification to 100 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10MG, #210 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented Visual Analog Scale pain scores for this injured worker with medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 10mg, #210 with 2 refills cannot be established at this time. Therefore the request is not medically necessary.