

Case Number:	CM14-0036897		
Date Assigned:	07/18/2014	Date of Injury:	06/09/2008
Decision Date:	08/25/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/26/2014

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 Anesthesiology, 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 23 year old male who sustained an injury on 09/06/12 when he utilized his right hand to break his fall. The injured worker was followed for complaints of pain in the right upper extremity. The injured worker had an extensive history of medication use including Norco, Tizanidine, ibuprofen, Neurontin, Paxil, MS Contin and Ativan. The injured worker also received acupuncture therapy which was beneficial. There was a prior right carpal tunnel release in March of 2010. The injured worker was seen on 02/17/14 with continuing complaints of pain in the left hand. The injured worker described pain in the middle digit of the right hand with making a fist while making a fist. Pain scores were between 5-6/10 on VAS with medications and severe 8-9/10 without. The injured worker had been able to perform normal activities of daily living; however, the injured worker had intermittent flare ups of symptoms which confined her to bed. The injured worker was utilizing Norco at a rate of six per day. The injured worker reported that Norco lasted approximately two to three hours. The physical examination noted no swelling of the metacarpal phalangeal joints to the right hand as compared to the left side. Weakness was mild on right hand grip strength testing. The injured worker was recommended to continue with Norco at this visit. There was no clinical documentation for compliance measures including urine drug screen testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #180 (retro - DOS of 2.17.14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Norco 10/325 mg quantity 180 prescribed on 02/17/14, this reviewer would not have recommended this medication as medically necessary. From the clinical documentation submitted for review the injured worker was obtaining good relief with Norco. However, the clinical documentation did not identify any apparent functional benefits obtained with Norco that would support its ongoing use. Furthermore there was no clinical documentation for prior compliance measures such as urine drug screen testing as recommended by guidelines for this medication. Given the lack of any clear indications of function improvement with Norco and lack of clinical documentation for compliance measures, this reviewer would not have recommended this request as medically necessary. As such, the request is not medically necessary.