

Case Number:	CM14-0041468		
Date Assigned:	06/30/2014	Date of Injury:	08/06/2009
Decision Date:	08/22/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/07/2014

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 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 55-year-old female who reported an injury on 08/06/2009. The injury reported was when the injured worker tripped on a cord resulting in a fracture of the phalanges of the hand. The diagnoses included wrist pain, joint pain, torn triangular fibrocartilage of the left wrist, radial style carpal impingement and left de Quervain's tenosynovitis. The previous treatment included medication and surgery. Previous surgeries included left wrist arthroscopy, left medial styloidectomy, and left de Quervain's release. Within the clinical note dated January 22, 2014, it was reported the injured worker complained of left wrist pain. Upon the physical examination, the left wrist, the provider noted the range of motion was restricted. Flexion and extension at 0 degrees at the wrist. The provider noted the injured worker had tenderness to palpation over the radial side and ulnar side of the wrist. The medication regimen included Voltaren gel, MS Contin, Norco, Flector patch. The provider requested a refill on Norco for breakthrough pain. The Request For Authorization was submitted and dated on 01/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg 1 every 3-6 hours as needed, max 6 a day, for left wrist pain, tablets:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use, On-Going Management Page(s): 78.

Decision rationale: The injured worker complained of left wrist pain. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional assessment, appropriate medication use and side effects. Guidelines recommend the use of a urine drug screen or inpatient treatment with evidence of abuse, addiction or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. There is lack of documentation indicating the use of the urine drug screen. The injured worker has been utilizing the medication since at least 2011. Therefore, the request is not medically necessary.