

Case Number:	CM14-0045541		
Date Assigned:	06/27/2014	Date of Injury:	02/08/2008
Decision Date:	09/30/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/02/2014

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 49 year old male who reported an injury on 04/14/2011. The mechanism of injury was not provided. Past treatment included medications, epidural and cortisone injections. The injured worker had a diagnosis of carpal tunnel. Surgical history included left elbow lateral release and lateral epicondylectomy 06/28/2012, release of A-1 pulleys right index, middle and trigger fingers on 04/14/2011. The clinical note dated 03/04/2014 noted the injured worker complained of ongoing and increasing locking/unlocking with pain of the right thumb, left index finger, and both pinky fingers. The physical examination on 03/04/2014 revealed right thumb active locking/unlocking at the IP joint with range of motion and pain on extension. The Injured worker's medications included Norco 10/325mg, Prilosec 20mg, and Relafen 750mg. The treatment plan included recommendations for Norco 10-325mg QID #120. The rationale for the request was not provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg QID # 120mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The injured worker reported ongoing and increasing locking/unlocking with pain to the right thumb, left index finger, and both pinky fingers. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. There is a lack of documentation the patient has improved functioning and pain with the use of the medication. There is a lack of documentation of a measured assessment of the injured worker's pain level. There is a lack of documentation indicating urine drug screening has been performed. Therefore, the request for Norco 10/325mg QID #120 is not medically necessary.