

Case Number:	CM14-0056953		
Date Assigned:	07/09/2014	Date of Injury:	04/17/2006
Decision Date:	08/11/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/28/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 35 year-old individual was reportedly injured on 4/17/2006. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated 3/10/2014 indicates that there are ongoing complaints of shoulder, forearm and wrist pain. The physical examination demonstrated right hand sensory loss of the median nerve distribution with overall weakness in the distal lower extremities right greater than left. NCV of the right upper extremity reveals mild prolongation of the right distal median sensory nerve. Previous treatment includes physical therapy, medication, and conservative treatment. A request had been made for Norco 10/325 #120, Flector Patches #30 and was not certified in the pre-authorization process on 3/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 tablets of Norco 10/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78 of 127.

Decision rationale: Norco (Hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. Chronic Pain Medical Treatment Guidelines supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request is not considered medically necessary.

30 Flector Patches: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 112 of 127.

Decision rationale: Chronic Pain Medical Treatment Guidelines support topical NSAIDs for the short-term treatment of acute pain for short-term use for individuals unable to tolerate oral administration or for whom oral administration is contraindicated. There is no documentation of intolerance or contraindication to first-line therapies and there is no clinical indication for the use of this medication for the chronic diagnoses listed in the medical records. Therefore, this request is not considered medically necessary.