

Case Number:	CM14-0061361		
Date Assigned:	07/09/2014	Date of Injury:	05/24/2007
Decision Date:	09/08/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/02/2014

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 Occupational 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 patient is a 48-year-old male who has submitted a claim for carpal tunnel syndrome of the right wrist, continue disuse and atrophy with reflex sympathetic dystrophy of the right upper extremity, and crush fracture of the right hand, status post open reduction and internal fixation of the second carpometacarpal fracture with dislocation of the carpometacarpal joint and third metacarpal dislocation of the carpometacarpal joint (06/13/2007); associated with an industrial injury date of 05/24/2007. Medical records from 2007 to 2014 were reviewed and showed that patient complained of burning pain in the palm of the right hand, graded 8-10/10, through the right arm to the shoulder with burning stabbing and pins and needles pain. Physical examination showed that the patient had a completely clenched fist at the right hand with surgical scars. Very obvious atrophy was present in the right forearm representing diffuse atrophy of the right upper extremity. The patient had no active movement of the bunched up fingers into the palm of the right hand. Treatment to date has included medications, physical therapy, and surgery as stated above. Utilization review, dated 04/29/2014, modified the request for Norco because there was no documentation of a maintained increase in function or decrease in pain with the use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been prescribed hydrocodone since at least June 2012. The medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325 mg #90 is not medically necessary.