

Case Number:	CM14-0075612		
Date Assigned:	07/16/2014	Date of Injury:	07/08/1993
Decision Date:	09/16/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/23/2014

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 Management 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:

This is a patient with the date of injury of July 8, 1993. A utilization review determination dated May 7, 2014 recommends non-certification for 60 Norco. Modified certification was recommended for #34 Norco to allow weaning. A progress report dated April 29, 2014 identifies subjective complaints of pain with persistent triggering in the right thumb. Objective examination findings identify right thumb with tenderness at the A1 pulley with a positive Finkelstein test. Diagnoses include right knee issues (illegible), lumbar spine issues (illegible), right shoulder issues (illegible), trigger finger, and status post left carpal tunnel release. The treatment plan recommends continuing medications. The note goes on to indicate that the patient's pain with medication is 3/10. Without medication the pain is 7/10. The norm: improves the patient's pain for 8 hours and allows him to participate in activities of daily living and a home exercise program. A review of systems is negative for constipation, nausea, vomiting, or stomach issues. The review of systems is also negative for fatigue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the requesting physician has identified that the Norco improves the patient's pain and function, and causes no side effects. It is acknowledged, that there has been no recent discussion regarding aberrant use. However, the currently requested one month supply of Norco should allow the requesting physician time to document the above issue. As such, the currently requested Norco is medically necessary.