

Case Number:	CM14-0079606		
Date Assigned:	07/18/2014	Date of Injury:	03/23/2011
Decision Date:	08/25/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/30/2014

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 and Washington. 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 36-year-old male who reported an injury on 03/23/2011. The mechanism of injury was noted to be a phone being pulled forcefully from the injured worker's hand. Prior treatments were noted to be medications, physical therapy and use of a transcutaneous electrical nerve stimulation unit. His diagnoses were noted to be right wrist tendinitis/small triangular fibrocartilage complex tear and right shoulder parascapular strain. A Primary Treating Physician's Progress Report on 04/18/2014 noted the injured worker complained of right wrist flare-up at the middle aspect. Pain level was noted to be a 6 through 9 on a 0 to 10 pain scale. He described his symptoms as being moderate to severe with frequency being constant. Pain was described as being dull, sharp and aching. In addition, the injured worker complained of right shoulder/elbow pain. Objective findings include Jamar dynamometer grip strength readings were 10/10/10 kg on the right and 28/28/24 kg on the left. Pinch strength readings were 2.5/2.5/2.5 kg on the right and 6.0/6.0/6.0 kg on the left. The treatment plan was for additional physical therapy, injections or surgery. The provider's rationale for the request was for provided within the documentation. A Request for Authorization for medical treatment was dated 04/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

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

Decision rationale: The request for Norco 10/325 mg quantity: 120 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should effect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include 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 Primary Treating Physician's Progress Report dated 04/18/2014 fails to provide an adequate pain assessment. Efficacy is not noted, side effects are not addressed, and a urine drug screen was not noted within the documentation. In addition, the provider's request fails to indicate a frequency. Therefore, the request for Norco 10/325 mg quantity: 120 is not medically necessary.