

Case Number:	CM14-0111469		
Date Assigned:	08/01/2014	Date of Injury:	06/28/2012
Decision Date:	01/07/2015	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/17/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for wrist pain reportedly associated with an industrial injury of June 20, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; earlier hand ORIF surgery; H-wave device; and work restrictions. In a Utilization Review Report dated July 15, 2014, the claims administrator failed to approve a request for Norco apparently dispensed on June 26, 2014. In a June 26, 2014 progress note, the applicant reported ongoing complaints of hand pain, 6 to 7/10. The attending provider suggested that the applicant was working with a rather proscriptive 5-pound lifting limitation in place. The applicant was using two to three Norco tablets daily. Some diminution of right-sided grip strength was appreciated as compared to the uninjured left hand. Home exercise and physical therapy were sought. There was no explicit discussion of medication efficacy on this occasion. On June 26, 2014 physical therapy progress note, it was stated that the applicant had to cut his physical therapy session short on the grounds that he was running late at work, implying that the he was, in fact, working. In a May 30, 2014 progress note, it was stated that the applicant had returned to regular duty work after having undergone recent removal of ORIF hardware. An earlier note of April 2, 2014 was notable for comments that the applicant pain complaints were appropriately diminished from 7 to 8/10 without medications to 4/10 with medications. It was suggested that that the applicant was deriving some improvements in terms with grip strength with medication consumption, although his grip strength about the injured right side was diminished as compared with the uninjured left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Norco 10/325mg, #120 (DOS: 6/26/2014): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6 Preventing and Managing Chronic Pain, page(s) 115-116

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has apparently returned to and maintained successful return to work status following introduction of Norco. Norco was/is generating an appropriate reduction in the applicant's pain scores and ameliorating the applicant's ability to grip and grasp to some extent. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.