

Case Number:	CM14-0191889		
Date Assigned:	11/25/2014	Date of Injury:	12/26/2008
Decision Date:	04/02/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 54-year-old male who reported injury on 12/26/2008. The mechanism of injury reportedly occurred from repetitive use of his arms while working as a meat cutter. He was diagnosed with status post right carpal tunnel release. Other therapies were noted to include medications and surgery. On 10/14/2014, the injured worker was seen status post repeat left carpal tunnel release and ulnar transposition surgery on 09/17/2014. The injured worker reported he is currently using 3 to 4 Norco per day for breakthrough pain and Neurontin for neuropathic pain. He rated his pain to the right wrist as 7/10. It was noted the injured worker received a urine drug screening on 06/26/2014 from [REDACTED] and revealed that the injured worker was compliant with his prescribed medication. On physical examination, he was noted to have Jamar grip dynamometer strength reading of 0/0/0 kg on the right. For the left, he was unable to do the Jamar's due to pain. He had significant tenderness over the left upper extremity over the incision scars. There was decreased sensation to light touch noted in the left hand. Current medications were noted to include Norco and Motrin. The treatment plan was noted to include a prescription for Norco, awaiting to proceed with physical therapy and a follow up appointment. A request was submitted for Norco 10/325mg 1 po q 6H prn for Pain #120. The treating physician indicated Norco was prescribed for pain. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 po q 6H prn for Pain #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short acting Opioids Page(s): 75-91.

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

Decision rationale: The request for Norco 10/325mg 1 po q 6H prn for Pain #120 is not medically necessary. It was noted the injured worker has been on Norco since at least 04/2014. The California MTUS guidelines recommend ongoing review of patients utilizing chronic opioid medications with documentation of pain relief, functional status, appropriate medication use, and side effects. The clinical documentation submitted for review indicated that the injured worker had a urine drug screen in 06/2014 which revealed it consistent with medications. However, the clinical documentation submitted for review did not provide evidence that the use of Norco provided pain relief and increased function to perform activities of daily living. In the absence of this documentation, the request is not supported by the guidelines. As such, the request for Norco 10/325mg 1 po q 6H prn for Pain #120 is not medically necessary.