MAXIMUS Federal Services

Case Number:	CM14-0202569		
Date Assigned:	12/15/2014	Date of Injury:	12/09/2013
Decision Date:	02/05/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/03/2014

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 Rehab, has a subspecialty in Interventional Spine 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:

The patient is a 47-year-old male with an injury date of 12/09/2013. Based on the 03/24/2014 progress report, the patient no longer experiences any pain in his left wrist. He has no pain or focal tenderness across the distal radius fracture site at all. The patient has 45 degrees of active extension and 30 degrees of flexion. He is now able to perform most normal daily activities; however, he still has a stiff left wrist. The 04/28/2014 indicates that the patient rates his pain as a 2/10. His range of motion of the left wrist has improved. The 11/03/2014 report states that the patient continues to complain of wrist pain. No further positive exam findings were provided on this report. The 12/09/2013 X-ray of the wrist revealed interval reduction of the distal radial fracture. On 12/18/2013, the patient had a left distal radius fracture open reduction internal fixation and open treatment of the ulnar styloid fracture. On 12/18/2013, the patient also had a wrist arthroscopy to assess the intraarticular fracture reduction. The patient's diagnoses include the following: Status left wrist comminuted fracture of the distal radius and status post left distal radius fracture open reduction internal fixation and open treatment ulnar styloid fracture. The utilization review determination being challenged is dated 11/20/2014. Treatment reports were provided from 01/06/2014 - 11/03/2014. All reports provided were brief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 100 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain; criteria for use of opioids Page(s): 60-61, 76-78, 88 and 89.

Decision rationale: The patient presents with reduced wrist pain and increased wrist stiffness. The request is for NORCO 10/325 MG, 100 COUNT. The report with the request was not provided. There is no indication of when the patient began taking Norco. MTUS Guidelines, pages 88 and 89, states "patient should be assessed at each visit, and functioning should be measured at 6-month intervals using the numerical scale or a validated instrument." MTUS, page 76, also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, none of the 4As were addressed as required by MTUS. The provider fails to provide any pain scales. There are no examples of ADLs, which demonstrate medication efficacy, nor there are any discussions provided on adverse behaviors/side effects. There is no opioid management issues discussed such as CURES report, pain contracts, etc. No outcome measures are provided either as required by MTUS. In addition, urine drug screens to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimal requirements of documentation that are outlined in the MTUS Guidelines for continued opioid use. The requested Norco is not medically necessary.