

Case Number:	CM14-0207432		
Date Assigned:	12/19/2014	Date of Injury:	07/16/2009
Decision Date:	02/10/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/11/2014

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 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 53 year old female with an injury date of 07/16/09. Based on the 11/03/14 progress report provided by treating physician, the patient complains of pain to the left wrist rated 7/10, swelling, and difficulty gripping, grasping, pushing, pulling with the left hand. Patient also complained of pain to the lower back with prolonged standing and extension. Mechanism of injury and surgical history were not documented in the provided reports. Physical examination of the wrist on 11/03/14 revealed tenderness to palpation to first extensor compartment, positive Finklestein's test. Range of motion was decreased, especially on flexion of the wrist at 48 degrees. Examination of the lumbar spine revealed tenderness to palpation of the bilateral quadratus lumborum, bilateral lumbar facets and paravertebral muscles. Kemp's test, Gaenslen's test, and the sacroiliac joint stress tests were positive on the right. The patient is currently prescribed Motrin, Norflex, and Norco. Diagnostic imaging was not included with the report. Patient's work status is not specified. Reports provided were hand written and largely illegible. Diagnosis 11/03/14- Sprain of neck- Cervical spondylosis without myelopathy- Sprains and strains of the wrist and hand- Radial styloid tenosynovitis. The utilization review determination being challenged is dated 11/18/14. The rationale is: "According to CA MTUS guidelines, there must be medical documentation provided regarding the patient's visual analog scale without taking the medications and when taking the medications... There also must be a functionality provided of the improvements while taking the medications..."[sic] Treatment reports were provided from 07/16/14 to 11/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 93, 78-80 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Criteria for Use of Opioids Page(s): 60, 61; 88, 89, 76-78.

Decision rationale: The patient presents with pain to the left wrist rated 7/10, swelling, and difficulty gripping, grasping, pushing, and pulling with the left hand. Patient also complained of pain to the lower back with prolonged standing and extension. Mechanism of injury and surgical history were not documented in the provided reports. The request is for Norco 5/325 #30. Physical examination of the wrist on 11/03/14 revealed tenderness to palpation to first extensor compartment, positive Finklestein's test. Range of motion was decreased, especially on flexion of the wrist at 48 degrees. Examination of the lumbar spine revealed tenderness to palpation of the bilateral quadratus lumborum, bilateral lumbar facets and paravertebral muscles. Kemp's test, Gaenslen's test, and the sacroiliac joint stress tests were positive on the right. The patient is currently prescribed Motrin, Norflex, and Norco. Diagnostic imaging was not included with the report. Patient's work status is not specified. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 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, the treating physician provides no discussion of clinical improvement attributed to Norco, there are no numerical scales used; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, this request is not medically necessary.