

Case Number:	CM14-0216406		
Date Assigned:	02/10/2015	Date of Injury:	05/20/2009
Decision Date:	04/06/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/24/2014

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59-year-old female who reported injury on 05/20/2009. The mechanism of injury was due to repetitive motion. Her diagnoses include status post right thumb lysis of the radial digital nerve with possible excision of neuroma. Her past treatments include surgery, physical therapy, home exercise program and medications. On 08/19/2014, the injured worker complained of increased burning in the thumb from the surgical site. The physical examination revealed hypersensitivity following the path of the radial digital nerve. There was noted to be improved mobility with the ability to oppose the thumb to the base of the small finger and to extend the thumb. The MP joint was also noted to be stable. Her relevant medications included Neurontin and Lyrica. The treatment plan included Neurontin, Lyrica and Norco. A rationale was not provided for review. The Request for Authorization Form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: The request for is not medically necessary. According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker was indicated to be status post right thumb surgical procedure. However, there is lack of documentation in regard to objective functional improvement, objective decrease in pain, evidence of monitoring for side effects and aberrant drug related behaviors for medication use. There is also lack of a current urine drug screen for review. The request failed to specify a dosage, frequency and quantity. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.