

Case Number:	CM15-0103811		
Date Assigned:	06/08/2015	Date of Injury:	08/23/2010
Decision Date:	07/10/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53-year-old male patient who sustained an industrial injury on 08/23/2010. The injured worker had MRI of the left hand on 06/25/2011 followed by surgery to the left thumb. A primary treating office visit dated 04/28/2014 reported subjective complaint of intermittent dull ache at the left elbow with a popping sensation upon certain movements. The elbow occasionally goes to sleep. He has constant left thumb and hand pain accompanied by parasthesia's from the tip of the wrist above the surgical site. He also described frequent pain at the back of his left knee. The diagnosis include left radial head fracture; history of left basal joint arthropathy with surgical intervention 10/11/2011; left knee medial meniscus injury; and persistent let hand pain secondary to postoperative neuroma of the left superficial radial nerve. Current medications are: Avapro, Tramadol and Zyrtec. The plan of care noted the patient to be referred to surgical consultation regarding ablation of the left superficial radial nerve, continue with current medications, undergo administration of lidocaine block and she an orthopedist regarding left knee.

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, quantity: 70, date of service 04/16/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 08/23/2010. The medical records provided indicate the diagnosis of left radial head fracture; history of left basal joint arthropathy with surgical intervention 10/11/2011; left knee medial meniscus injury; and persistent left hand pain secondary to postoperative neuroma of the left superficial radial nerve. Current medications are: Avapro, Tramadol and Zyrtec. The medical records provided for review do not indicate a medical necessity for Retrospective request for Norco 10/325mg, quantity: 70, date of service 04/16/15. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been on this medication since 11/2014, but with no overall improvement. Therefore, the request is not medically necessary.