

Case Number:	CM15-0134862		
Date Assigned:	07/23/2015	Date of Injury:	02/04/2004
Decision Date:	08/25/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/13/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 57-year-old female, who sustained an industrial injury on February 4, 2004. The injured worker was diagnosed as having left wrist dorsal intercalated segment instability (DISI) deformity with scapholunate ligament insufficiency, left wrist scapholunate ligament disruption with scapholunate interval widening and scaphoid lunate advanced collapse (SLAC) wrist, left wrist distal radioulnar joint arthrosis, anchors in the scaphoid with widening of the scapholunate ligament and collapse of the scaphoid with flexion and dorsal intercalated segment instability and deformity, status post left wrist surgery times three, and status post pin removal October 1, 2014. Treatments and evaluations to date have included bracing, physical therapy, left wrist surgeries, x-rays, and medication. Currently, the injured worker complains of persistent pain in the lumbar spine, and left wrist and hand pain. The Primary Treating Physician's report dated June 8, 2015, noted the injured worker rated her pain at 8-9/10 on a pain scale, with the pain in the lumbar spine, left wrist and hand worsened since her previous visit. The injured worker reported the Norco helps her pain from a 9 to a 5. The injured worker was noted to be currently not working. The physical examination was noted to show the injured worker in no acute distress, ambulating around the examination room without difficulty, with tenderness to palpation of the left wrist and hand with global decreased range of motion (ROM). The treatment plan was noted to include pending authorization for physical therapy for the left hand and wrist, continued use of bilateral wrist braces, and a written prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.