

Case Number:	CM15-0144090		
Date Assigned:	08/05/2015	Date of Injury:	01/23/2015
Decision Date:	09/02/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/24/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 38 year old male who sustained an industrial injury on 01/23/2015. Mechanism of injury was a trip and fall breaking his right elbow and sustaining an injury to his right arm and right wrist. Diagnoses include closed fracture to the upper radius and ulnar nerve lesion. Treatment to date has included diagnostic studies, physical therapy, use of a sling and splint, and medications. On 07-07-2015 a Magnetic Resonance Imaging of the right elbow revealed a fracture of the radial head which is not significantly displaced, and a mild increased signal is seen posterior to the proximal ulna which may be secondary to a contusion. He is not working. A physician progress note dated 06-03-2015 documents the injured worker has increased pain in the right elbow and right wrist with flexion and extension in the elbow. There is tenderness to the right wrist, and to the right lateral epicondyle. There is increased pain even with work restrictions. Several documents within the submitted medical records are difficult to decipher. Treatment requested is for Norco 10/325 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: 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 opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco an unknown length of time. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.