

Case Number:	CM15-0145529		
Date Assigned:	08/06/2015	Date of Injury:	11/19/2013
Decision Date:	09/09/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/27/2015

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: California, Massachusetts
 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 58 year old female, who sustained an industrial injury on November 19, 2013. The injured worker reported a window blind fell on her left wrist. The injured worker was diagnosed as having status-post left wrist release of dorsal compartment and excision of left superficial radial nerve on 6/24/15. Treatment to date has included surgery and medication. A progress note dated July 2, 2015 provides the injured worker complains of left wrist pain improved since surgery June 24, 2015. She reports resolution of dysesthesias and allodynia. Physical exam notes slight swelling of the incision site with no sign of infection. There is smooth gliding of the 1st dorsal compartment tendons. The plan includes post-operative therapy, Norco and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, 1 tablet every 8 hours as needed #40: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-96.

Decision rationale: The IW is status post left wrist release of dorsal compartment and excision of left superficial radial nerve on 6/24/15. He was less than a week post-operative when the current request for Norco three times a day as needed was prescribed. This falls within the reasonable period of post-operative pain management with opioids. Considering this is a onetime prescription with no refill 10 days of treatment I believe this is an appropriate use of post-operative management and is medically appropriate.