

Case Number:	CM15-0146781		
Date Assigned:	08/07/2015	Date of Injury:	11/01/2007
Decision Date:	09/09/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/28/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports 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 who sustained a work related injury November 1, 2007, after picking up a 50 pound bag of chalk awkwardly and catching his thumb. Past history included hypertension and triple coronary bypass 2001. According to an initial orthopedic hand surgeon's consultation, dated December 17, 2014, the injured worker had been diagnosed four months ago with hyperextension injury, left thumb, and left thumb osteoarthritis. AN MRI of the left thumb performed October 3, 2014, consistent with a severe first carpometacarpal joint arthrosis, mild scarring of the distal ulna collateral ligament of the first MP joint without disruption, and intramuscular edema within the thenar mass. Diagnoses are osteoarthritis, base joint left thumb and healed fracture intraarticular into the trapeziometacarpal joint on the left. Recommendations included to evaluate all x-rays and to perform a CT scan to evaluate the apparent fracture of the trapezium. According to a primary treating physician's progress report, dated June 18, 2015, the injured worker presented with severe pain in the left thumb and hand. There is noted grip loss and restricted range of motion 1st CMC (carpometacarpal) joint. Diagnosis is documented as osteoarthritis, left thumb. At issue is the request for authorization for Norco and surgery, left thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120, per 06/18/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for osteoarthritis Page(s): 83.

Decision rationale: This is a request for 120 10-milligram Norco tablets. This is a large quantity of the largest Norco tablets manufactured. Records indicate the large quantity of narcotics is being prescribed for thumb osteoarthritis aggravated by a 2007 accident. The California MTUS notes opioids are not recommended as a first line therapy for osteoarthritis and that there are no long-term trials in this clinical setting. Required documentation for ongoing management including documentation of pain relief, functional status, appropriate medication use and side effects is not provided. There is insufficient medical information provided to support this request for 1200 mg of Hydrocodone, therefore is not medically necessary.

Surgery, left thumb, per 06/18/15 order: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand (updated 06/29/15) Online Version, Trapeziectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: This is a request for unspecified thumb surgery to be performed by another surgeon. The request is not from the operating surgeon. There are no details provided regarding the proposed surgery. There is insufficient information provided to evaluate the request. At a minimum, the surgeon who will be performing the surgery must describe the proposed surgery to the injured worker, discuss alternative treatment options and estimate risks and anticipated benefits of the treatment options so the injured worker can make an informed decision whether he or she wishes to proceed. There is insufficient information provided to support a request for surgery at this time, therefore is not medically necessary.