

Case Number:	CM15-0169577		
Date Assigned:	09/10/2015	Date of Injury:	09/25/2010
Decision Date:	10/07/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/28/2015

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: 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 was a 47 year old female, who sustained an industrial injury, September 25, 2010. According to progress note of July 13, 2015, the injured worker's chief complaint was right wrist pain. The pain was worse with a lot of activity. The treating physician requested a brace for the right wrist and hand orthosis. The injured worker rated the pain 2 out of 10 with medication and 7 out of 10 without pain medication. The injured worker was able to cook, shop, laundry, bathe, dress, drive, brush teeth and assist with self-care. The injured worker was unable to garden. The injured worker complained of anxiety and depression. The physical exam noted tenderness of the right wrist with palpation. The Finkelstein's test for range of motion noted decreased flexion, extension, radial bending, ulnar bending and pain with all range of motion with the right wrist. According to the progress note of February 2015 the injured worker was taking Norco then. The injured worker was diagnosed with joint pain in the hand, joint pain in the forearm and pain wrist and or forearm and status post right De Quervain's with right radial sensory nerve neurotomy on March 6, 2013. The injured worker previously received the following treatments the injured worker was currently taking Lunesta for sleep, Norco 1 tablet every four hours as needed for pain and Wellbutrin for depression, random toxicology laboratory studies had inconsistent findings with prescribed medications on May 4, 2015. The RFA (request for authorization) dated July 13, 2015, the following treatments were requested a prescription of Norco 10mg-325mg #120 for pain. The UR (utilization review board) denied certification on July 29, 2015, of the prescription for Norco. The clinical guidelines do not support the medical necessity for long-term narcotic analgesics for benign musculoskeletal disorders and not post- surgical states.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg-325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

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 for several years. There was no mention of Tylenol, NSAID, or weaning failure. The continued use of Norco is not medically necessary.