

Case Number:	CM15-0183694		
Date Assigned:	09/24/2015	Date of Injury:	10/25/2013
Decision Date:	11/06/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/18/2015

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: Texas, New York, California

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of October 25, 2013. In a utilization review report dated August 25, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an August 20, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 27, 2015, the applicant was placed off of work, on total temporary disability owing to constant wrist pain, exacerbated by turning knobs and twisting jars. The applicant was in the process of switching attorneys, it was reported. The applicant was using Norco at a rate of four times daily. The applicant reported poor coping skills and issues with anxiety. The applicant was unemployed and was receiving temporary disability benefits, it was reported. Multiple medications, including Norco, were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norco 10/325mg #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, criteria for use.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was reported on August 20, 2015. Constant wrist pain complaints were noted. The applicant had difficulty performing activities of daily living as basic as turning doorknobs, it was reported on that date. The attending provider failed to outline any meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request is not medically necessary.