

Case Number:	CM15-0183921		
Date Assigned:	09/24/2015	Date of Injury:	08/01/2014
Decision Date:	10/29/2015	UR Denial Date:	08/27/2015
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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 31-year-old female, who sustained an industrial injury on 8-1-14. The injured worker has complaints of left wrist and left thumb pain. The pain is described to be sharp, stabbing, burning and tender to touch and unbearable. The injured worker complaints of neck pain that radiates into the left upper extremity. The documentation noted that the pain medication does help with giving her relief of the pain and symptoms and it drops her pain from 9 out of 10 down to 7 out of 10 on a pain scale of 1 to 10. The injured worker takes the pain medication several times a day in the increment of 4 to 5 hours apart, which gives her a steady relief of pain and gives her temporary relief of the pain in which helps her to complete his tasks. Cervical spine examination reveals range of motion to flexion, she is able to touch her chin to her chest, extension, rotation left and right , lateral bending left and right caused her pain at endpoints and she has pain to palpation at about C6-7 levels in the cervical paraspinal muscles. The diagnoses have included left wrist and hand pain and left De Quervain's tenosynovitis. Treatment to date has included cortisone injection; Norco and Motrin. The original utilization review (8-27-15) non-certified the request for Norco 10/325 #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support the use of narcotics. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. In this case, the documentation only supports occasional use of Advil, but no dedicated non-narcotic treatment regimen. In addition, there is lack of demonstrated functional improvement in the provided documentation. In fact, she has not returned to work despite being injured over 1 year ago. Therefore, this request does not meet the criteria outlined in the guideline and is therefore not medically necessary.