

Case Number:	CM15-0185891		
Date Assigned:	09/28/2015	Date of Injury:	08/06/2007
Decision Date:	11/06/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/21/2015

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: Emergency 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:

This is a 58 year old male whose date of injury was August 6, 2007. Medical documentation on July 21, 2015 indicated the injured worker was treated for left wrist internal derangement and left wrist chronic sprain-strain. He had continued pain in the left wrist. Medications helped him continue with his daily activities and increase his function. He rated his pain level an 8 on a 10-point scale (8 on 5-19-15) with a decrease to 4 on a 10-point scale (3-4 on 5-19-15) with the use of medications. On physical examination the injured worker had left wrist tenderness to palpation along the dorsal and volar aspects of the wrist and dorsoradial tenderness. His medications included Norco 10-325 (since at least 12-17-08) and Prilosec 20 mg. Previous treatment includes physical therapy which had no benefit and three cortisone injections which did not help. A request for authorization for Norco 10-325 mg #90 was received on September 8, 2015. On September 16, 2015, the Utilization Review physician determined Norco 10-325 mg #90 was not medically necessary based on CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Patient has been on this medication for years. While there is a claim of improvement in pain on VAS, there is no corroborating objective assessment in improvement in pain or functional status. The chronic use of opioids for focal wrist pain is not appropriate. Provider has failed to document any long term plan or any attempt at weaning. Documentation fails to support request for Norco. The request is not medically necessary.