

Case Number:	CM15-0205149		
Date Assigned:	10/22/2015	Date of Injury:	08/01/2014
Decision Date:	12/03/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/19/2015

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 is a 31 year old female who sustained an industrial injury on August 01, 2014. The worker is being treated for: left wrist injury, carpal tunnel has been ruled out, possible ligamentous injury and DeQuervain's refractory to non-operative management. Subjective: April 27, 2015, May 28, 2015, she continues to complain of left wrist, left forearm and left thumb pain. The pain is described as burning and the arms get numbness. She also states she is with continued stress. June 04, 2015, left hand pain. Objective: June 04, 2015 administered injection; there is note of a positive Finkelstein's with tenderness over the first extensor compartment. Medication: April 27, 2015: Advil, Motrin. June 30, 2015: Motrin. Diagnostic: EMG NCV performed November 2014 negative results. Treatment: anti-inflammatory agent, DME brace left wrist, activity modification, noted approved for consultation regarding possible injections, there is request for surgical intervention. On September 14, 2015 a request for Norco 10mg 325mg #120 was modified by Utilization Review on September 21, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #120: Upheld

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

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 NSAIDS for several month and pain reduction was from 9 to 7/10 which is similar to Norco. In addition, another NSAID was added- totaling 2 NSAIDS along with Norco. There was no mention of Tylenol failure. Norco does not show superiority in relief. It is noted that the pain relief is not long-enough. Its use is not medically necessary.