

Case Number:	CM15-0028282		
Date Assigned:	02/20/2015	Date of Injury:	09/06/2012
Decision Date:	04/07/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/13/2015

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, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 38 year old male, who sustained an industrial injury on September 6, 2012. He has reported right wrist and hand pain. The diagnoses have included right wrist pain. Treatment to date has included medications, injections, multiple wrist surgeries and imaging studies. A progress note dated January 7, 2015 indicates a chief complaint of continued right wrist and hand pain. Physical examination showed decreased grip strength and range of motion of the right wrist with tenderness of the lateral and medial wrist region. The treating physician is requesting a prescription for Norco. On January 16, 2015 Utilization Review denied the request citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines. On February 13, 2015, the injured worker submitted an application for IMR for review of request for a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The California MTUS and the Official Disability Guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and physical therapy. The chronic use of opioid can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The records indicate that the patient had been on chronic opioid medications for many years. There is no documentation of exacerbation of pain. The subjective and objective findings are not consistent with the presence of severe pain that require chronic opioid medications. There is no documentation of failure of standard treatment with NSAIDs and physical therapy. There is no documentation of the guidelines required compliance monitoring of serial UDS and functional restoration for chronic opioid treatment. The criteria for the use of Norco 5/325mg #30 were not met. Therefore, this request is not medically necessary.