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| Case Number: | CM15-0033456 | | |
| Date Assigned: | 02/26/2015 | Date of Injury: | 10/17/2014 |
| Decision Date: | 04/10/2015 | UR Denial Date: | 01/21/2015 |
| Priority: | Standard | Application Received: | 02/23/2015 |

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker (IW) is a 33 year old male, who sustained an industrial injury reported on 10/17/2014. On 1/19/2015, he reported significant pain in the right wrist, as well as being very happy with how his wrist is functioning; but his chief complaint was with the left wrist this day. The history noted chronic head and right upper extremity pain, with nausea and vomiting from an unresolved head injury; right temporal bone and facial bone fractures; intracranial hemorrhage; and cardiovascular issues that include blacking out or fainting, status-post a fall from 15 feet. An old cervical fracture is also mentioned. The diagnoses were noted to include a right distal radial/wrist fracture; left wrist joint pain; and post-concussion syndrome. Treatments to date have included consultations; diagnostic imaging studies; initial closed reduction of the right radial fracture (10/17/14); open reduction internal fixation right distal radial/wrist fracture on 10/30/14; physical therapy; and medication management. The work status classification for this IW was not noted. The Emergency Department visit notes of 12/23/2014, note his presenting with no complaints, only for his stated purpose of a refill of Norco, for which he ran out of the previous night, following his last orthopedic follow-up visit which was noted to have been on 11/24/2014. Percocet 10/325mg, #20 tablets were noted prescribed. The 1/19/2015 progress notes state that x-rays of the bilateral wrists were sent and reviewed, to rule out a left scaphoid fracture, and that this physician requested authorization to get further left wrist x-rays if the IW was going to continue to receive care from him; otherwise the IW was instructed to seek care from a physician closer to his home. On 1/20/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/13/2015, for Norco 10/325mg, #40. The Medical

Treatment Utilization Schedule and the American College of Occupational and Environmental Medicine Guidelines, chronic pain medical treatment guidelines, forearm/wrist & hand complaints, opioids, Norco, weaning, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, #40: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271, Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was prescribed after the open reduction internal fixation on October 30, 2014 without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #40 is not medically necessary.