MAXIMUS Federal Services

Case Number:	CM15-0042761		
Date Assigned:	03/12/2015	Date of Injury:	01/18/2014
Decision Date:	04/17/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/09/2015

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: Utah, Arkansas
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 52-year-old male, who sustained an industrial injury on January 18, 2014. He reported smashing his right small finger with a heavy refrigerator. The injured worker was diagnosed as having closed fracture of unspecified phalanx or phalanges of hand. Treatment to date has included diagnostic studies, surgery, physical therapy and medication. On February 24, 2015, the injured worker complained of pain in the right 5th finger with radicular pain in the right upper extremities with activities. The pain is frequent and moderate in intensity. The pain was rated as a 6, at best, on a 1-10 pain scale. He describes the pain as cutting, throbbing, dull, aching, pressure-like and cramping with skin sensitivity to light touch, abnormal swelling and abnormal changes in skin temperature. The pain is aggravated by activity and is relieved with medications, heat, elevation and bracing. The treatment plan included diagnostic studies, evaluation referral, medications, follow-up visit and occupational therapy.

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 Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; page(s) 75-79.

Decision rationale: The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is no clear functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. According to the clinical documentation provided and current MTUS guidelines; Norco is not indicated a medical necessity to the patient at this time.

One x-ray of the right 5th digit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 267-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): page 260 of Wrist and Hand Complaints.

Decision rationale: The request is for an X-ray of the hand/digit. MTUS guidelines state the following: Plain films are recommended in non-specific pain in the wrist and hands. According to the clinical documentation provided and current MTUS guidelines, X-ray of the hand/digit is indicated as a medical necessity to the patient at this time.