

Case Number:	CM15-0053392		
Date Assigned:	03/26/2015	Date of Injury:	09/11/2014
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/20/2015

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 63 year old male who sustained an industrial injury on 9/11/14 when he fell, stubbing his left arm and hand against a plant, resulting in immediate pain in his left hand/ wrist and fingers. He had an MRI of the left hand/ wrist with abnormalities, nerve conduction study of the upper extremities revealing left carpal tunnel syndrome. He currently complains of frequent left hand/ wrist pain with numbness, tingling and swelling. He has loss of grip strength and sensation. His pain intensity is 4-5/10. He has sleep disturbances due to pain. Medication is Norco. Diagnoses include left carpal tunnel syndrome, left carpal tunnel release and removal of foreign body (11/4/14); left hand foreign body. Treatments to date include physical therapy and medications. Diagnostics include electro diagnostic studies of the left upper extremity (no date); MRI of the left hand (no date). In the progress note dated 1/30/15 the treating provider notes refill on Norco for symptomatic relief and to restore function to perform activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg (90 tabs): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

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 Norco several months for neck and hand pain. There was no indication of Tylenol or NSAID failure. An opioid agreement was not noted. Continued use of Norco is not medically necessary.