

Case Number:	CM15-0053578		
Date Assigned:	03/27/2015	Date of Injury:	11/13/2010
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
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: New Jersey, New York
 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 50 year old male, who sustained an industrial injury on 11/13/10. He reported left wrist injury. The injured worker was diagnosed as having ankyloses of hand joint, joint derangement and sciatica. Treatment to date has included oral medications including opioids and activity restrictions. Currently, the injured worker complains of back, and upper and lower extremity pain. The injured worker states stiffness and pain have improved with the addition of Zorvolex. Upon physical exam, stiffness is noted of lower back and left wrist is swollen and tender. The current treatment plan includes refilling Zorvolex and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
 Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for extended amount of time with objective documentation of the improvement in pain and function. However, it has been over a year since his wrist fusion and should have been weaned off Norco post-operatively at this time. There is no documentation of two of the four A's of ongoing monitoring: side effects and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is not medically necessary.