

Case Number:	CM15-0058939		
Date Assigned:	04/03/2015	Date of Injury:	03/28/2014
Decision Date:	05/12/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old female who sustained an industrial injury on 3/28/14 from a fall sustaining injury to her left hand/ thumb, right knee and left foot as she braced herself with that hand. She initially has significant swelling and was unable to use the hand. Those symptoms resolved and she currently is unable to abduct the left thumb and has significant swelling of the left thenar eminence. She has sharp pain radiating up her left forearm to shoulder. Medications are metformin, propranolol, ibuprofen, hydrocodone-acetaminophen, doxycycline, Oxycodone, bupropion. Diagnoses include left hand weakness; left wrist/ hand/ thumb strain/ sprain; left elbow sprain/ strain- lateral epicondylitis; rule out left elbow derangement; left shoulder sprain/ strain; rule out left shoulder internal derangement; post trauma headache. Treatments to date include physical therapy; home exercises; steroid injection (2/23/15) minimal improvement; bone stabilizer (9/22/14). Diagnostics include MRI left hand 7/15/14, 8/19/14; negative electromyography. In the progress note dated 2/23/15 the treating provider's plan of care requests refill on Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 1/2 TO 2 tablets every 6 hrs as needed #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 76-78.

Decision rationale: The patient presents on 02/23/15 with unrated pain in the left thumb and hand which travels up into the forearm. The patient's date of injury is 03/28/14. Patient has no documented surgical history directed at this complaint. The request is for Norco 10/325 1/2 to 2 tablets every 6 hours as needed #240. The RFA is dated 03/10/15. Physical examination dated 02/23/15 reveals poor strength and tone in the left hand, edema, and a grossly swollen thenar eminence. Provider also notes a decreased range of motion in the thumb and wrist. The patient is currently prescribed Metformin, Propranolol, Ibuprofen, Doxycycline, Ventolin, Gemfibrozil, and Bupropion. Diagnostic imaging was not included. Patient is currently working. MTUS Guidelines pages 88 and 89 under Criteria for Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids-Therapeutic Trial of Opioids, also requires documentation of the 4As analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." In regard to the request of Norco for the management of this patient's chronic pain, treater has not provided adequate documentation of pain reduction and functional improvement. This patient has been taking narcotic pain medications since at least 11/28/14. The two most recent progress notes dated 02/23/15 and 03/20/15 do not mention pain reduction or functional improvements attributed to this patient's medications. MTUS requires documentation of pain reduction using a validated instrument and specific functional improvements. There is no discussion of a lack of aberrant behaviors, or consistent drug screens in the documentation provided, either. Owing to a lack of 4A's documentation as required by MTUS guidelines, continuation of this medication cannot be substantiated. The request is not medically necessary.