

Case Number:	CM15-0080796		
Date Assigned:	05/01/2015	Date of Injury:	06/28/2012
Decision Date:	06/01/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 is a 45 year old male, who sustained an industrial injury on 6/28/2012. Diagnoses have included index finger trigger following hardware removal for index metacarpal fracture and ongoing ulnar wrist discomfort. Treatment to date has included physical therapy, magnetic resonance imaging (MRI) right wrist, H-wave, transcutaneous electrical nerve stimulation (TENS) and medication. According to the progress report dated 3/5/2015, the injured worker complained of pain in his right hand. He reported that the transcutaneous electrical nerve stimulation (TENS) unit was not helping with his pain. He stated that he iced his hand at the end of each day which helped a little. Objective findings revealed decreased sensation over the dorsal aspect of the right hand. A urine drug screen was performed which was negative for Norco. The injured worker reported running out of Norco early in the last week. It was noted that he had multiple urine screens that were negative for Norco. Authorization was requested for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg #90 for DOS 3/5/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Retrospective Norco 10/325mg #90 for DOS 3/5/2015 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal evidence of significant functional improvement or pain improvement on prior Norco. The MUTS supports monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation indicates that the patient has had multiple negative Norco urine drug screens. The MTUS does not support prescribing opioids when there is evidence of inappropriate intake of opioids. For all of these reasons the request for retrospective Norco is not medically necessary.