

Case Number:	CM15-0088450		
Date Assigned:	05/12/2015	Date of Injury:	06/05/2014
Decision Date:	06/15/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	05/07/2015

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: Internal Medicine, Rheumatology

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 male, who sustained an industrial injury on 6/5/14. The injured worker has complaints of ongoing bilateral wrist pain and sharp pain in his low back that caused him to lose his balance when he was on some uneven ground in front of his home and fell, twisting his right ankle really bad. The documentation noted that the swelling has improved somewhat, but he still has limited range of motion and severe pain with palpation to it. The diagnoses have included chronic bilateral wrist and elbow pains and right ankle sprain/strain I late March 2015. Treatment to date has included norco with good pain relief; relafen; computerized tomography (CT) scan of lumbar spine on 3/24/14 showed minimal degenerative changes with nor fracture or dislocation; electromyography/nerve conduction study from 7/1/14 showed right ulnar neuropathy; left ulnar nerve release and wrist surgery. The request was for retrospective norco 10/325mg #120 for DOS 4/2/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg #120 for DOS 4/2/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 63 year old male has complained of wrist pain, low back pain and ankle pain since date of injury 6/5/14. He has been treated with surgery, physical therapy and medications to include opioids since at least 07/2014. The current request is for Retrospective Norco 10/325mg #120 for DOS 4/2/2015. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Retrospective Norco 10/325mg #120 for DOS 4/2/2015 is not indicated as medically necessary.