

Case Number:	CM15-0241114		
Date Assigned:	12/18/2015	Date of Injury:	04/04/2013
Decision Date:	01/22/2016	UR Denial Date:	11/16/2015
Priority:	Standard	Application Received:	12/10/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This is a 62 male who sustained a work-related injury on who sustained a work-related injury on 4-4-13. Medical record documentation on 10-23-15 revealed the injured worker was being treated for multiple ganglions, fracture of the metacarpal bone, and left index trigger finger. The injured worker reported burning right hand pain with associated tingling and muscle spasms. He rated his right hand pain a 9 on a 10-point scale. He reported constant severe, throbbing left hand pain with associated tingling. His left hand pain was rated 8-9 on a 10-point scale. Objective findings included JAMAR grip strength second notch: right 22, 20, 25 kg and Left 0, 0, 0 kg. His grip strength testing caused pain at the wrist bilaterally. His right hand range of motion was decreased and painful with metacarpophalangeal joint (MCP) abduction to 10 degrees, metacarpophalangeal joint (MCP) flexion to 20 degrees, metacarpophalangeal joint (MCP) extension to 20 degrees, proximal interphalangeal joint (PIP) flexion to 10 degrees, distal interphalangeal joint (DIP) flexion to 40 degrees, metacarpophalangeal joint (MCP) thumb abduction to 20 degrees and metacarpophalangeal joint (MCP) thumb flexion to 60 degrees, and proximal interphalangeal joint (PIP) thumb flexion to 60 degrees. His left hand range of motion was decreased and painful with metacarpophalangeal joint (MCP) abduction to 10 degrees, metacarpophalangeal joint (MCP) flexion to 20 degrees metacarpophalangeal joint (MCP) extension to 20 degrees, proximal interphalangeal joint (PIP) flexion to 0 degrees, distal interphalangeal joint (DIP) flexion to 40 degrees, metacarpophalangeal joint (MCP) thumb abduction to 5 degrees, metacarpophalangeal joint (MCP) thumb flexion to 50 degrees and proximal interphalangeal joint (PIP) thumb flexion to 60 degrees. He had tenderness to palpation

of the palmar aspect of the hand bilaterally and Froment's Paper caused pain bilaterally. His medication regimen included Norco 10-325 mg used since at least 2-4-15. A urine toxicology performed on 9-30-15 revealed results consistent with the injured worker's medication regimen. A request for Norco 10-325 mg #90 was received on 11-9-15. On 11-16-15, the Utilization Review physician determined Norco 10-325 mg #90 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg quantity 90, one tablet every six to eight hours as needed, 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. Norco is not medically necessary.