

Case Number:	CM14-0111184		
Date Assigned:	08/01/2014	Date of Injury:	08/01/2011
Decision Date:	10/09/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 40-year-old female who was reportedly injured on June 1, 2011. The mechanism of injury is noted as a fall while pushing a cart. The most recent progress note dated June 12, 2014, indicates that there are ongoing complaints of right wrist pain and incisional pain at the left wrist. No physical examination was performed on this date. A prior physical examination dated May 12, 2014, indicated a positive Tinel's and Phalen's test at the right wrist. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a left-sided carpal tunnel release. A request was made for Norco 5/325 and was not certified in the pre-authorization process on July 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg every six hours as needed, #30.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Criteria For Use and Therapeutic Trail Of Opioids Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for

intermittent or breakthrough pain. The California Medical Treatment Utilization Schedule guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. It is unclear why an opioid medication is needed for carpal tunnel syndrome. Furthermore the attached medical record does not document objective pain relief or increased ability to function with the usage of Norco. As such, this request for Norco 5/325mg is not medically necessary.