

Case Number:	CM14-0163313		
Date Assigned:	10/08/2014	Date of Injury:	08/14/2013
Decision Date:	12/18/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/03/2014

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 Orthopaedic Surgery, and is licensed to practice in California. 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:

This 44-year-old male sustained an industrial injury on 8/14/13. Injury occurred when the patient slipped and fell, landing on his outstretched left hand with subsequent pain. Imaging demonstrated a left triangular fibrocartilage complex tear and extensor carpi ulnaris tendinitis. A left wrist arthroscopy was performed with operative findings of ulnar impaction syndrome. The patient underwent left ulnar shortening osteoplasty on 4/23/14. Serial radiographs in the post-operative period continued to show radiolucency across the osteoplasty site. The 9/8/14 treating physician report documented left wrist/forearm cast removal. There was some focal tenderness across the ulnar osteoplasty site with no swelling or dystrophic changes. There was no pain in the ulnar wrist. Repeat left wrist and forearm x-rays showed some radiolucency, however there is definite evidence of bony bridges across the osteoplasty site. The patient continued to smoke and was using a bone growth stimulator. The left wrist/forearm was placed back in a protective cast and follow-up x-rays were planned in 4 weeks. Per patient request, a prescription for narcotic pain medications was given. The 9/18/14 utilization review denied the request for Norco 10/325 mg as there was no documentation of significant pain reduction, change in pain scores, or objective measures of functional improvement noted to warrant this request. Additionally, there was no dose or quantity of medication specified to determine medical necessity. Records indicated that the patient had been using Norco since at least 10/22/13. There was no documentation in the available records of pain or functional assessment relative to medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met for on-going use of Norco in the absence of guideline required documentation. There is no documentation of reduced pain, increased function, or improved quality of life relative to medication use in the progress reports since October 2013. There is no documentation of current pain levels. There is no documentation of the amount of this medication being used or frequency of use. Abrupt disruption of this medication is not appropriate. However, the current non-specific request cannot be established as medically necessary. Therefore, this request is not medically necessary.