

Case Number:	CM14-0181823		
Date Assigned:	11/06/2014	Date of Injury:	12/26/2008
Decision Date:	12/09/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/03/2014

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 Orthopedic Spine Surgery and is licensed to practice in New York. 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:

On physical examination there is bilateral decreased grip strength. There are well healed scars over the medial aspect of the elbow and palm. There is tenderness over the scars. There is decreased sensation to light touch in the left hand. The patient is currently using narcotics for breakthrough pain. At issue is whether additional narcotics are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 PO Q 6H PRN for pain #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Guidelines do not recommend long-term use of narcotics that the hand and wrist surgery. Guidelines do not recommend long-term use of narcotics of the elbow surgery. The medical records do not document substantial improvement with previous narcotic therapy. In addition the medical records do not document adequate trial and failure of conservative measures for postoperative wrist and elbow pain. MTUS guidelines do not support long-term use of narcotics after a professional and the surgery. Additional narcotics and not medically necessary.

