

Case Number:	CM14-0217682		
Date Assigned:	01/07/2015	Date of Injury:	04/16/2013
Decision Date:	03/05/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old male sustained an industrial related injury on 04/16/2013 while lifting which resulted in a wrist injury. The initial diagnoses were not discussed or reported. Per the follow-up evaluation (11/25/2014), the injured worker's subjective complaints included right upper extremity pain, rated 8/10, characterized as throbbing and radiating to the right elbow, right forearm, right wrist, and right hand. Objective findings on this report included painful range of motion of the right wrist with flexion, extension, radial deviation, ulnar deviation, pronation and supination. Upon motor examination, power of finger extensor's was 4/5 on the right; wrist flexor's was 4/5 on the right and 5/5 on the left; and wrist extensor's was 4/5 on the right and 5/5 on the left. Sensory examination revealed decreased light touch over the medial hand, lateral hand and medial forearm, and lateral forearm on the right side. Treatment to date has included conservative care, physical therapy (PT), medications, and a right ulnar shortening osteotomy (03/19/2014). Diagnostic testing has included a MRI of the right wrist 06/25/2014 which showed attenuation and irregularity of the TFC with increased signal at the ulnar attachment of the TFCC suspicious for partial disruption. There was also some noted edema in the ulnar styloid, synovitis and degenerative cyst in the proximal lunate consistent with ulnar abutment. The intercarpal ligaments were intact and there was mild tendinosis of the ECU. Current diagnoses include hand injury not otherwise specified (NOS), sleep disturbance NOS, and chronic pain syndrome. The Norco was requested for the treatment of continued right upper extremity pain. Treatments in place around the time the Norco was requested included medications and conservative care. The injured worker reported pain was decreased with use of current medication regimen. Limited

specific measurements and data were noted during the recent history regarding specific functional deficits or activities of daily living; therefore changes in these areas could not be established. Work status was unchanged as the injured worker remained temporarily totally disabled. Dependency on medical care was unchanged. On 12/12/2014, Utilization Review modified a request for Norco 10/325 mg #60 which was requested on 12/05/2014. The Norco 10/325 mg #60 was modified to Norco 10/325 mg #30 for weaning based on the lack of rationale for this medication nine months after an ulnar osteotomy with a high pain level, and the absence of compliance testing with urine drug screenings or a narcotic contract. The MTUS Chronic Pain guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the modification of Norco 10/325 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient presents with right hand and right wrist pain. The request is for NORCO 10/325 MG #30. The patient has been taking Norco as early as 05/16/2014. MTUS Guidelines pages 88 and 89 states, Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as pain assessment, or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. On 11/25/2014, the patient rates his pain as an 8/10. He states that medications are helping. He tolerates the medications well. The patient shows no evidence of developing medication dependency. Pattern of medication use is as previously prescribed. With the current medication regimen, his pain symptoms are adequately managed. Although the treater does provide pain scales, not all the 4s are addressed as required by MTUS Guidelines. There are no examples of ADLs which demonstrate medication efficacy with the use of Norco. There are no discussions provided on adverse behaviors/side effects. There is no opiate management issues discussed such as CURES report, pain contracts, etc. No outcome measures are provided either as required by MTUS Guidelines. In addition, urine drug screen to monitor the medicine compliance has not been addressed. The treating physician does not provide the minimum requirements of documentation that are outlined in MTUS Guidelines for continued opiate use. The requested Norco IS NOT medically necessary.