

Case Number:	CM15-0125347		
Date Assigned:	07/16/2015	Date of Injury:	05/04/2010
Decision Date:	08/18/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/29/2015

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

Certification(s)/Specialty: Anesthesiology

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 65-year-old male, with a reported date of injury of 05/04/2010. The mechanism of injury was sanding some doors which were caught by wind. The doors fell over on his right wrist, forcing wrist extension with pain. The injured worker's symptoms at the time of the injury included right wrist pain and some numbness and tingling. The diagnoses include right wrist injury, right carpal tunnel syndrome, median and probable ulnar nerve compression at the wrist and possible elbow, first dorsal compartment syndrome, chronic right wrist pain or tendonitis, status post right wrist fracture and surgery, and status post right carpal tunnel release. Treatments and evaluation to date have included oral medications, a wrist brace, physical therapy, topical pain medication, and home exercise program. The diagnostic studies to date have included x-ray of the right wrist in 05/2010, which showed a questionable radial fracture; x-ray of right wrist in 06/2010, which confirmed a fracture of the distal radius; and nerve conduction study of the right upper extremity in 10/2010, which showed evidence of carpal tunnel syndrome. The medical report dated 06/15/2015 indicates that the injured worker had right hand and wrist pain. The injured worker opted to not have surgery. It was noted that he was taking the medications as prescribed, and the medications continue to be somewhat effective. He reported that the pain medications continue to be effective. The pain medications reduced the pain by over 50%, and there was no escalation in use. The injured worker had ongoing nerve type, burning pain. He has been tried on Gabapentin and Lyrica. It was noted that both medications were too sedating and did not help much. The physical examination showed ongoing swelling and tenderness of the dorsum right wrist, decreased range of motion due to pain, and intact distal neurovascular. The injured worker was considered permanent and

stationary. The treatment plan included the continuation of Baclofen 20mg #120 with one refill, Norco 10/325mg #240 with no refill, and follow-up in six weeks. The medical report dated 04/30/2015 indicates that the injured worker reported no change in wrist pain and ongoing severe pain. He reported that the pain medication continued to be effective and they reduced the pain by over 50%. The injured worker was considered permanent and stationary. The treating physician requested Norco 10/3225mg #240 and Norco 10/325mg #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/3225mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation did not include these items as recommended by the guidelines. Norco has been prescribed since at least 10/11/2010. There was no change in the injured worker's work status, and his pain control remained the same. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. Norco is a combination of Hydrocodone and acetaminophen. The guidelines indicate that when using combination opioid products containing acetaminophen, the dose limiting toxicity may be caused by acetaminophen. The maximum amount of acetaminophen should be not more than 4 grams a day. The requested dosage exceeds the guideline recommendations. Therefore, the request for Norco is not medically necessary.

1 prescription of Norco 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation did not include these items as recommended by the guidelines. Norco has been prescribed since at least 10/11/2010. There was no change in the injured worker's work status, and his pain control remained the same. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. Therefore, the request for Norco is not medically necessary.