

Case Number:	CM15-0128823		
Date Assigned:	07/16/2015	Date of Injury:	02/02/2015
Decision Date:	08/11/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 29-year-old male who sustained an industrial injury on 2-2-15. Diagnoses are crushing injury of hand, carpal tunnel syndrome, and chronic regional pain syndrome-upper limb. In a progress report dated 6-3-15, the treating physician notes his pain level is reported as 5 out of 10 and that the continued right wrist and hand pain can be throbbing or burning in nature. He reports intermittent swelling of the hand that is not activity dependent, skin color changes and temperature intolerance. He notes Norco twice a day as most helpful for pain and it allows him to tolerate household chores and Gabapentin is not helpful. There is a mild wrist range of motion deficit with flexion, extension, ulnar, radial deviation compared to the left. No obvious skin color or temperature abnormality is noted. Work status is to return to modified work on 5-13-15. He is not currently working. The treatment plan is physical therapy, discussion of early development of chronic regional pain syndrome, Norco 5-325mg, continue transcutaneous electrical nerve stimulation, right wrist splint for flare ups, and otherwise to use the hand as much as possible, and paraffin bath right hand. The treatment request is Norco 5/325mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg quantity 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in February 2015 and continues to be treated for right wrist and hand pain after sustaining a crush injury. Treatments have included occupational therapy and medications. Norco had been prescribed with some benefit. When seen, there had been side effects with NSAID medication and tramadol. Gabapentin at a 300 mg dose had not helped. Physical examination findings included pain with range of motion and diffuse tenderness. There was decreased strength. There was a diagnosis of possible early CRPS. Additional physical therapy was requested. Norco is referenced as helping with pain and allowing the claimant to tolerate household activities. Norco was prescribed at a total MED (morphine equivalent dose) of 10 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction and Norco was providing pain relief and allowing for household activities and would be expected to facilitate the requested therapy treatments. The total MED was less than 120 mg per day consistent with guideline recommendations. Prescribing Norco was medically necessary.