

Case Number:	CM15-0064324		
Date Assigned:	04/10/2015	Date of Injury:	09/25/2010
Decision Date:	05/15/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/06/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 (IW) is a 37 year old female who sustained an industrial injury on 09/25/2010. She reported right hand pain. The injured worker was diagnosed as having pain in joint, forearm; other benign neoplasm of connective and other soft tissue of unspecified site, other post procedural status, and pain in soft tissue of limb. Treatment to date has included oral pain medications, injections, and psychiatric follow up. Currently, the injured worker complains of ongoing pain in the thumb and wrist. The medications of Norco and Valium are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg, #120: Upheld

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

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

Decision rationale: Norco is indicated in patient with moderate to severe pain. Patients taking opioids must be monitored for efficacy, functional improvement, side effects and signs of aberrant use. In this case, there is no documentation of the medical necessity of Norco, no notation of functional improvement or results for urine drug screens which may have been done. The request for Norco 7.5/325 #120 is not medically necessary and appropriate.

Valium 10mg, #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: Guidelines do not recommend long term use of benzodiazepines and limit use to 4 weeks. Medical necessity for ongoing use of a benzodiazepine is not supported and there is no documentation of efficacy of this medication in this case. Thus, the request for Valium 10 mg #15 is not medically appropriate and necessary.