

Case Number:	CM15-0064549		
Date Assigned:	04/10/2015	Date of Injury:	01/20/2011
Decision Date:	05/12/2015	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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a right-handed 49 year old male carpenter who sustained a repetitive industrial injury to his right wrist on January 20, 2011. The injured worker was diagnosed with ankyloses of the right hand, and right wrist pain. The injured worker is status post wrist carpal tunnel release in June 2011, arthroscopy with debridement, and removal of residual scaphoid, radial styloidectomy and partial capitate excision in Aug 2012, right wrist dorsal capsulotomy, scaphoidectomy, excision of neuroma and radial nerve implant into muscle in June 2013 and total wrist arthrodesis and allograft on March 3, 2014. Treatment to date has included diagnostic testing, multiple right wrist surgical procedures, steroid injections, physical therapy, acupuncture therapy, pain management and medications. According to the primary treating physician's progress report on March 2, 2015, the injured worker continues to experience persistent pain. Examination demonstrated tenderness of the right dorsal wrist and radial styloid. There was next to 0 degree flexion, extension, ulnar or radial deviation with decreased sensation to soft touch. Current medications are listed as Ibuprofen and Hydrocodone. Treatment plan consists of home exercise program, heat and cold therapy for comfort, Epsom salt or contrast baths, continue with pain management and the current request for Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/acetaminophen 10/325 mg, 120 count: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 120 mg/day of hydrocodone. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. This is the crux of the decision for use of this medication. First-line medications for chronic pain, such as anti-depressants or anti-epileptic drugs, have been tried and were not helpful in controlling pain. Additionally, the provider has documented beneficial effects of decreased pain from use of this medication. Finally, the risk with chronic opioid therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to prevent iatrogenic morbidity and mortality. The provider has been following this criteria. Considering all the above, medical necessity for continued use of Norco has been established and therefore is medically necessary.