

Case Number:	CM15-0075464		
Date Assigned:	04/27/2015	Date of Injury:	08/20/2010
Decision Date:	06/09/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/21/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 30 year old female, who sustained an industrial injury on August 20, 2010. She reported right hand pain after receiving multiple bites from a thirteen year old individual. The injured worker was diagnosed as having right ganglion cyst and sprain of the right wrist. Treatment to date has included diagnostic studies, surgical intervention of the right wrist, physical therapy, steroid injections to the right wrist, medications and work restrictions. Currently, the injured worker complains of continued right wrist, elbow and hand tenderness. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on September 15, 2014, revealed continued pain as noted. Medication was prescribed. Evaluation on November 11, 2014, revealed continued tenderness and shooting pain. Pain medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg per 03/30/15 order qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91, 78-80 and 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term-use has not been supported by any trials. In this case, the claimant had been on Norco for an unknown length of time. The pain level was 8/10. Reduction in score with medication was not documented. Failure of Tylenol was not noted or a lower dose of Norco. The use of Norco was not justified and is not medically necessary.