

Case Number:	CM15-0078033		
Date Assigned:	04/29/2015	Date of Injury:	05/04/2010
Decision Date:	06/02/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/23/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old male sustained an industrial injury to the left hand on 5/4/10. The injured worker was diagnosed with traumatic amputation. Previous treatment included surgical repair, psychiatric care, paraffin dips, hand therapy, home exercise, glove and medications. In a PR-2 dated 4/7/15, the injured worker reported that is pain was a little bit worse lately because he had been walking on a treadmill and the gripping of the handles made his hands sore. The injured worker rated his pain 8-9/10 on the visual analog scale without medications and 4/10 with medications. Current diagnoses included pain in limb, scar condition and fibrosis of skin, posttraumatic stress disorder, dysthymic disorder, chronic pain due to trauma and traumatic amputation of other fingers. The physician noted that with the use of Norco the pain was more tolerable and the injured worker had regained a lot of strength and use of the hand. Without medications the pain was such that the injured worker could not use the hand. With them, he could use the hand. The treatment plan included a prescription for Norco and continuing home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records discuss functional benefit of opioids in a general sense but not in a verified, objective manner. The patient's reported residual impairment, even with use of opioids, is beyond that which would be anticipated given the nature of the underlying digital amputation. Additionally, it is not clear that non-opioid treatment has been maximally attempted. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.