

<b>Case Number:</b>	CM14-0004432		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	04/03/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 58-year-old male patient with a 4/3/13 date of injury. He hit a hammer with his right hand on a steel bar and felt sudden stinging vibration going from his hand into the entire arm. Then he felt pain in the left wrist and elbow. A 4/13/13 progress report indicated that the patient complained about constant pain, swelling and stiffness of the left wrist. The pain described as moderate to severe, and rated at 7.5/10. Treatment included Norco 5-325 mg 1 to 2 tablets orally every 6 h for severe pain, Ibuprofen 600 mg 1 Tablet every 8h. A 4/16/13 progress report indicated the patient complained of left shoulder pain, which improved and he could move his shoulder without problems. He had some discomfort in the left upper back area over the left trapezius muscle, but noted the pain was much improved with acupuncture. He complained of numbness in the hand, which was improved after carpal tunnel steroid injection. Diagnoses include carpal tunnel syndrome, lateral epicondylitis of elbow, medial epicondylitis, sprain of shoulder, tenosynovitis of hand or wrist, repetitive strain injury, strain shoulder, trapezius muscle, cervical radiculopathy. A 4/5/13 MRI demonstrated irregularity of the radial styloid, which could have represented a remote fracture; a 7 mm widening of scapholunate joint consistent with scapholunate dissociation; narrowing of the radio carpal joint. An 11/23/13 progress report indicated that the patient still complaining of the pain and stiffness in the neck, and also pain in the bilateral arms. He was taking Norco 10/325 mg, 2 or 3 tablets per day. On 1/9/14 the patient reported that his pain level is 8/10 without medication, and 6-7/10 with medication. There were urine drug tests done, they were not available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates  
Page(s): 78-81.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effect. The patient presented with constant pain in the neck and swelling in the left wrist. Treatment included Norco 10/325 mg 2 or 3 times a day. However, there was no documentation of functional improvement or significant pain relief following the Norco use. In addition, there was no evidence that taper was initiated or considered, and no evidence of opiate monitoring in the documentation provided. Therefore, the request for Norco 10/325 #120 is not medically necessary and appropriate.