

<b>Case Number:</b>	CM14-0013617		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	02/04/2004
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 56 year old female who was injured on 02/04/2004. Mechanism of injury is unknown. Prior treatment history has included a successful wrist arthrogram on 03/13/2013. Diagnostic studies reviewed include urine drug screens dated 09/24/2013 with the positive detection for Hydrocodone, Amitriptyline and Cyclobenzaprine. PR-2 dated 01/16/2014 documented the patient with complaints of left wrist pain radiating to elbow and fifth digit which has worsened. She has been taking Norco four tablets a day. She reports improvement in her pain level from 9/10 to 4/10 after taking the medication. Objective findings on exam reveal examination of the left wrist had decreased range of motion with flexion and extension to 40 degrees and radial and ulnar deviation of 20 degrees. Grip strength was 4/5. Diagnoses are left wrist DISI deformity with scapholunate ligament insufficiency, left wrist scapholunate ligament disruption with scapholunate interval widening and SLAC wrist, left wrist radioulnar joint arthrosis and anchors in scaphoid with flexion and dorsal intercalated segment instability/deformity. At this time as the patient does continue with severe pain, Norco will be prescribed. UR report dated 01/22/2014 modified the request for Norco 10-325 mg #120 to #100 1 tab po q 6h prn. There was an indication of improvement of pain, but no indication of improved functioning. Chronic opioid use is not recommended for mechanical or compressive etiologies, osteoarthritis nor neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 75-94.

**Decision rationale:** According to the California MTUS Guidelines, opioids are not recommended as a first-line oral analgesic for neuropathic pain or osteoarthritis and chronic use of opioids is not generally supported by the medical literature. Furthermore, it is indicated for moderate to severe pain for short term use, after failure of first line therapy such as NSAIDs or Tylenol. The guidelines state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. The medical records have not demonstrated the requirements for continued opioid therapy have been met. Therefore, the medical necessity of Norco has not been established.