

<b>Case Number:</b>	CM14-0015501		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Orthopedic Surgery, has a subspecialty in Hand Surgery 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 injured worker is a 51 year old male with an injury reported on 07/14/2011. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/30/2013 reported that the injured worker complained of ongoing aching and stabbing pain in his right wrist and hand, rated 6-7/10. The physical examination revealed tenderness over the volar aspect and into the ulnar aspect of his right wrist. It was also noted to have decreased grip strength and loss of range of motion. Decreased sensation along the area of the ulnar nerve with a positive Tinel's sign at Guyon's canal, was reported per right wrist examination. The injured worker's medication list included norco 10/325mg. The injured worker's diagnoses included right wrist overuse tendinopathy/arthropathy; right wrist internal derangement. The provider requested norco 10/325mg for severe pain, urinalysis to monitor medication compliance, and an orthopedic re-evaluation for a possible future surgery to the injured worker's right wrist. The request for authorization was submitted on 02/03/2014. The injured worker's prior treatments were not provided. The injured worker's previous urinalysis for drug screening were performed on 08/26/2013, 09/24/2013, 10/21/2013, and 12/30/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE ORTHOPEDIC RE-EVALUATION IN SIX WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 11- FOREARM, WRIST & HAND COMPLAINTS, 270

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**Decision rationale:** The request for one orthopedic re-evaluation in six weeks is not medically necessary. The injured worker complained of ongoing aching and stabbing pain in his right wrist and hand, rated 6-7/10. The injured worker had tenderness over the volar aspect and into the ulnar aspect of his right wrist. It was also noted to have decreased grip strength and loss of range of motion. The Forearm, Wrist and Hand /ACOEM guidelines for hand surgery referral consultation may be indicated for patients who have red flags of a serious nature; have failed to respond to conservative management; including worksite modifications; have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention; surgical considerations depends on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. It was noted the orthopedic re-evaluation is for a possible future surgery to the injured worker's right wrist. It was noted the injured worker had been evaluated for a Darrach procedure with possible cubital tunnel release. It was also reported the injured worker was unsure to pursue the procedure due to there being no guarantee that he will have the best outcome. The report also states there has been no current plan for qualified medical re-evaluation. There is a lack of clinical information indicating the injured worker is now pursuing a surgical intervention requiring an orthopedic re-evaluation. The injured worker's prior treatments were not provided. There is a lack of clinical information indicating the injured worker's pain was unresolved with physical therapy, home exercise, and/or(NSAIDs) non-steroidal anti-inflammatory drugs. Therefore, the request is not medically necessary.

**RETROSPECTIVE: ONE URINALYSIS DOS: 12/30/13:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN- RANDOM URINE TOXICOLOGY SCREENS, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The request for retrospective: one urinalysis (DOS 12/30/13 is not medically necessary. The injured worker complained of ongoing aching and stabbing pain in his right wrist and hand, rated 6-7/10. The injured worker's medication list included norco 10/325mg. It was noted the injured worker's previous urinalysis for drug screening were performed on 08/26/2013, 09/24/2013, 10/21/2013, and 12/30/2013. The Chronic Pain Medical Treatment Guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs including the aberrant behavior and opioid monitoring to rule out non-

compliant behavior. It was noted that the injured worker's medication list included Norco 10/325mg, and an urinalysis was requested to monitor medication compliance. It was noted the injured worker had previous urinalysis for medication compliance three previous times, not including 12/30/2013. There is a lack of clinical information provided indicating the injured worker has been noncompliant to prescribed medication. There is a lack of clinical documentation indicating the injured worker has potentially aberrant drug related behaviors and/or evidence of medication misuse. Moreover, the frequent urinalysis for medication compliance is excessive and not medically necessary. Therefore, the request is not medically necessary.

**RETROSPECTIVE NORCO 10/325MG, #60 DOS: 12/30/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN- CRITERIA FOR THE USE OF OPIOIDS, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids, criteria for use Page(s): 91, 78.

**Decision rationale:** The request for retrospective norco 10/325mg, # 60 (DOS 12/30/2013) is not medically necessary. The injured worker complained of ongoing aching and stabbing pain in his right wrist and hand, rated 6-7/10. The injured worker's medication list included norco 10/325mg. The Chronic Pain Medical Treatment Guidelines Norco is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of information provided documenting the efficacy of Norco as evidenced by decreased pain and significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. Therefore, the request is not medically necessary.