

<b>Case Number:</b>	CM14-0018359		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	11/13/2003
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Emergency Medicine, has a subspecialty in Pain Management, 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:

This is a patient with reported date of injury of 11/13/2003. The mechanism of injury was not provided but is described as commutative during work as a truck driver. The patient has a diagnosis of carpal tunnel syndrome, lateral epicondylitis, cervical disc disease post fusion, L3-4 disc displacement, spinal stenosis of cervical region, sciatica and bilateral knee degenerative joint disease (DJD). There is a reported on right total knee replacement on 8/6/13. Multiple medical reports from primary treating physician and consultants reviewed. The last report available is until 1/16/14. The patient continues to complain of left wrist pain and swelling, which is on-going for over one year. The pain is mostly to volar and lateral aspect of hand with no finger pains. No numbness noted except in the mornings. Carpal tunnel surgery was reported done several years prior. Objective exam reveals left wrist swelling compared to right wrist with area mostly to carpal tunnel. No median nerve irritation noted on exam. Tinel's and Phalen's are negative. No weakness. Pain presents with extension or flexion of wrist. There are no recent full physical exams provided. Most exam relate to knee or wrists. The patient is currently on Norco and lunesta. There are other medical related medications patient is reportedly on such as glyburide, Metformin, Zocor and other anti-hypertensive but the medication list provided is brief and not up to date. X-ray of the cervical spine (4/11/13) shows changes to C3-7 with post surgical plates and screws. Alignment and fusion is unchanged. No other advance imaging was provided. A utilization review (UR) is for prescription for Norco 10/325mg #120. Reviews of records showed that prescription is for 5 refills and patient has been on Norco for at least 1 year. Prior UR on 2/4/14 recommended partial certification of Norco with change of number of tablets to 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION FOR NORCO 10/325MG#120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, Page(s): 76-78.

**Decision rationale:** According the MTUS guidelines, Norco is hydrocodone with acetaminophen. Hydrocodone is an opioid. As per MTUS guidelines, the documentation provided for review does not support the continued ongoing management and use of Norco since there is no documentation of analgesia, activity of daily living, adverse events and aberrant behavior. The number of tablets prescribed and additional refill does not meet the "close monitoring" requirement as per MTUS guidelines. The MTUS guidelines recommend at least one visit every 1-2 months. The lack of documentation required by MTUS guidelines and the number of tablets requested is excessive. Thus, the request is not medically necessary and appropriate.