

<b>Case Number:</b>	CM14-0136431		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	09/17/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine, 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 65-year-old female with date of injury of 09/17/2013. The listed diagnoses per [REDACTED], dated 07/22/2014, are: 1. Bilateral carpal tunnel syndrome. 2. Status post fracture of the left humerus. According to this report, the patient has failed surgical intervention, and she is now "worse than before." She has pain in her wrists, bilateral hands, and shoulders at times. The objective findings show she has residual pain when she raises her arms up. Range of motion is poor and no strength in her hands. She has failed carpal tunnel syndrome and bilateral Depakene contraction in both hands. Right thumb has muscle atrophy as well as trigger point. Lateral shoulder pain was noted on the humerus. The patient was instructed to return to full duty without restrictions on 07/22/2014. The utilization review denied the request on 08/01/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, 1 po tid as needed for pain not to exceed 8 per day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain. Decision based on Non-MTUS Citation ODG TWC Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ON-GOING MANAGEMENT Page(s): 78.

**Decision rationale:** The patient presents with bilateral hand, wrist, and shoulder pain. The treater is requesting Norco 10/325 mg. The MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior), as well "pain assessment" or outcome measures that includes current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work and duration of pain relief. The records show that the patient has been taking Norco since 09/2013. The 06/20/2014 report notes that the patient's pain level without medication is 7/10, and with medication is 3/10 to 4/10. The treater does not provide specifics regarding ADLs, no significant improvement was noted. No mention of quality of life changes, and no discussions regarding "pain assessments" as required by MTUS. There are no discussions regarding adverse side effects and aberrant drug-seeking behaviors. The request is not medically necessary.

**Random urine drug screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Urine Drug Screen: Criteria for Use of Urine Drug Testing

**Decision rationale:** The patient presents with bilateral hand, wrist, and shoulder pain. The treater is requesting a random urine drug screen. It appears that the UDS performed on 07/22/2014 is the one being reviewed for this request. The MTUS guidelines do not specifically address how frequent urine drug screens should be obtained for various-risk opiate users. However, ODG guidelines provide clear recommendations. For low-risk opiate users, once yearly urine drug screen is recommended following initial screening within the first 6 months. The utilization review denied the request stating that the patient was recommended to wean off and discontinue opiate medications and a urine drug screen would not be indicated to monitor opiate use. The records show that the patient was prescribed Norco. There are no previous urine drug screens noted in the reports. Given that the patient was on opiates thus far, UDS was appropriate and supported by MTUS. Therefore the request is medically necessary.