

<b>Case Number:</b>	CM14-0175483		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	01/02/2010
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Family Medicine 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 54 year-old woman who was injured at work on 1/2/2010. The injury was primarily to her hand/thumb. She is requesting review of denial for Norco 1/325mg #40 for the service date of 9/15/2014. The medical records corroborate ongoing care for her injuries. These records include the Primary Treating Physician's Progress Reports. These indicate that her chronic diagnoses include the following: History of Bilateral Carpal Tunnel Syndrome; History of Right Thumb Basal Joint Trapeziectomy with Residual Thumb Metacarpal Subluxation and Superficial Radial Neuroma; Status Post Redo Right Thumb Basal Joint Resection Arthroplasty, Resection of the Right Superficial Radial Nerve Branch; Persistent Left Thumb Basal Joint Arthropathy; and Status Post Left Thumb Basal Joint Resection Arthroplasty. Besides these surgical interventions her treatment has included the use of NSAIDs, opioids, physical therapy and splints. In the Utilization Review process, Norco was not recommended for ongoing care from the 9/15/2014 visit as there had been improvement in the pain; but instead the recommendation was to initiate weaning of Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Norco 10/325 mg, QTY: 40 for the service date of 9/15/2014:**

Upheld

**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 Opioids  
Page(s): 76-78, 124.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. Recommendations to proceed with a weaning program with Norco were based on improvement in the patient's symptoms and were consistent with MTUS guidelines (Page 124). In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Norco is not considered as medically necessary.