

<b>Case Number:</b>	CM14-0192195		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	07/29/2011
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 New Jersey and New York. 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 53 year-old female who was injured on 7/29/11 when she fell backwards landing on her outstretched right hand resulting the diagnosis of complex distal radius fracture. She had three surgeries (right wrist external fixator in 2011, right wrist open reduction internal fixation in 2011, and then removal of hardware in 2012) after which she developed instability involving the distal radial ulnar joint with carpal instability and median and ulnar neuropathy demonstrated with electrodiagnostic testing. In 8/2013, she had wrist capsulorrhaphy and reconstruction of the triangular fibrocartilage disc, tenosynovectomy of the extensor carpi ulnaris tendon, ulnar shortening osteotomy/osteoplasty, ulnar neurectomy in the mid-forearm, and right median nerve carpal tunnel release at the wrist. In 3/2014, electrodiagnostic testing showed axonal median motor nerve pathology below the branch of the flexor digitorum profundus and right ulnar nerve pathology. In 7/2014, the patient had complex median and ulnar nerve decompression with improvement in symptoms. Her diagnoses included cubital tunnel syndrome, mononeuritis multiplex, carpal tunnel syndrome, and fracture of distal radius. She continued with pain and modest weakness and numbness of the hand. On exam, she had soft tissue swelling of right wrist, tenderness, decreased grip strength and sensation of left hand. She had a steroid injection at the end of 2012 with short-term relief. She had stopped all NSAIDs due to a history of asthma and gastritis. Her medications included Voltaren, Protonix, Ultram ER, and Norco. The patient has been out of work since 2012. The current request is for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 1 tablet as need #40:** 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): 78-79.

**Decision rationale:** The request is not medically necessary. The patient has been taking Norco for wrist pain. The chart does not provide any objective documentation of improvement in pain (e.g. decrease in pain scores) and function with the use of Norco. The patient was unable to return to work since 2012. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. The patient was also on Tramadol, another opiate. Because there was no evidence of objective functional gains with the use of Norco, the long-term use for chronic wrist pain is not recommended, and there is high abuse potential, the risks of Norco outweigh the benefits. Therefore, the request for Norco is not medically necessary.