

<b>Case Number:</b>	CM14-0023694		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	01/29/2003
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Family Practice and is licensed to practice in Texas and Mississippi. 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 40 year old male who reported an injury on 01/29/2003 due to an unspecified mechanism of injury. On 01/02/2014 he reported throbbing pain rated at 8/10 in the right forearm, wrist, and hand with a contracture of the fourth and fifth digits. Physical exam revealed a flexion contracture of the right fourth and fifth digits, altered sensory loss, hypersensitivity and dysesthesias over the dorsum and volar aspect of the right hand with signs of allodynia, and deep tendon reflexes were plus one at the biceps, triceps, and brachioradialis. EMG studies of the right upper extremity were considered negative. Diagnoses included history of laceration at the volar aspect of the right hand with development of complex regional pain syndrome, flexion contracture of the fourth and fifth digits of the right hand, non-industrial seizure disorder, and non-industrial displaced clavicular fracture of the left shoulder. Medications included Pamelor 25mg at night, occasional Norco for pain, Neurontin 600mg for neuropathic pain, and Dilantin for seizure disorder. The treatment plan was for Norco 10/325mg #180 with one refill. The request for authorization was included and signed on 02/10/2014. The rationale was to alleviate pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10.325MG #180 WITH ONE (1) REFILL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-79.

**Decision rationale:** The request for Norco 10/325 mg #180 with one refill is non-certified. The documentation provided shows the injured worker has been taking Norco since the least recent visit on 08/09/2012. Per California MTUS Guidelines, ongoing management of opioids should be monitored using the four domains (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors), with pain assessment including current pain, least reported pain since last assessment, average pain, intensity after taking the opioid, and how long pain relief lasts. It was noted in the documentation that drug screens have been appropriate. However, the documentation provided lacks documentation to support long-term use effectiveness. Also, there is no documentation of adverse side effects. The frequency was also not provided in the request. Given the above, the request is non-certified.