

<b>Case Number:</b>	CM14-0024230		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/16/2001
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 and Rehabilitation, 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 41 year old female who was injured on 3/16/01. The mechanism of injury was pushing a wheelchair when it abruptly stopped; this injured her left wrist and thumb. Prior medication history included Flexeril 10 mg, Topamax 200 mg, Voltaren 1% gel, Pristiq 100 mg, Norco 10/325 mg, and ibuprofen 600 mg. A urine drug screen dated 8/16/13 revealed positive results for hydrocodone and cTHC (medical marijuana). A progress report dated 1/23/14 stated that her pain interferes with the quality of her sleep. Her activity level is decreased. On exam, she was fatigued and had mild to moderate pain. She had a global antalgic gait. Her right wrist had tenderness to palpation over the radial side and ulnar side. There was left allodynia over the ventral aspect of the wrist. The left hand revealed restricted range of motion with pain. There was allodynia over the proximal, distal, hypothenar eminence, metacarpophangeal and interphalangeal joint of the thumb. Motor tested was 5/5 on right and 4/5 on the left. Diagnoses are extremity pain, reflex sympathetic dystrophy of the upper limb, hand pain, and fibromyalgia and myositis. The treatment and plan included a refill of Norco for 8 weeks for breakthrough pain; the patient stated it helps to decrease her pain from 9/10 without the medication to a 7-8/10. It allows her to be more functional in her activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-94.

**Decision rationale:** According to the California MTUS guidelines, opioids are not recommended as a first-line oral analgesic for neuropathic pain or osteoarthritis. Chronic use of opioids is not generally supported by the medical literature. Furthermore, it is indicated for moderate to severe pain for short term use, after failure of first line therapy such as NSAIDs or Tylenol. The guidelines state that opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. The medical records indicate that the patient has neuropathic pain and diagnosed with reflex sympathetic dystrophy. Furthermore, there is no significant improvement in pain level with the prior use of Norco. The records do not demonstrate the requirements for continued opioid therapy have been met. As such, the request is not medically necessary.