

<b>Case Number:</b>	CM14-0088003		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/11/2002
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 injured worker is a 60-year-old female who reported injury on 02/11/2002. The mechanism of injury was not submitted in the report. The injured worker has diagnoses of joint derangement, joint pain in the shoulder, carpal tunnel syndrome and lesion of the ulnar nerve. The injured worker's past medical history consists of surgery, use of an elbow pillow/splint, therapy and medication therapy. Medications include Norco and Advil. There was no dosage, frequency or duration documented in the submitted report. The injured worker has undergone x-rays of the cervical spine, x-rays of the wrists, x-rays of the right shoulder, nerve conduction study. The injured worker underwent right carpal tunnel release on 10/13/2010. The injured worker complained of pain in the right hand, wrist, elbow, shoulder and right side of the neck. She described numbness in the right hand, digits and wrists with the little and ring fingers. She also stated that there was tingling in the right hand and wrist, stiffness in the right hand, wrist, elbow and shoulder. She had decreased strength in the right hand and wrist. There were no measurable pain levels documented in the submitted report. Physical examination dated 01/08/2014 revealed that the injured worker had no evidence of scoliosis, kyphosis or loss of normal cervical lordotic curve. She had active range of motion including flexion, extension, lateral bending and rotation. They were noted to be within normal limits. Examination of the wrists that there was no evidence of synovitis, lymphangitis or cellulitis. There were abnormal masses such as ganglion cysts. There were no hypersensitive areas or scars. There was full range of motion and good strength in all directions. The current treatment is for the injured worker to continue Norco 5 mg. The provider believes and feels that the Norco is helping maintain the pain levels of the injured worker. The Request for Authorization form was not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco; On-Going Management and Opioids for chronic pain Page(s): 75; 78; 80.

**Decision rationale:** The request for Norco 5mg is not medically necessary. The injured worker complained of pain in the right hand, wrist, elbow, shoulder and right side of the neck. She described numbness in the right hand, digits and wrists with the little and ring fingers. She also stated that there was tingling in the right hand and wrist, stiffness in the right hand, wrist, elbow and shoulder. She had decreased strength in the right hand and wrist. There were no measurable pain levels documented in the submitted report. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that opioids appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. California MTUS guidelines also indicate that the use of drug screening is for patients with documented issue of abuse, addiction, or poor pain control. MTUS guidelines also state that 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. The documentation submitted for review indicated that the Norco was helping the injured worker. However, there was no quantified information regarding pain relief. There was also no assessment regarding current pain on VAS, average pain, intensity of pain or longevity of pain relief. There was a lack of documentation regarding consistent urine drug screens. In addition, there was no mention of a lack of side effects. Given the above, the request for Norco is not supported by the California MTUS. Furthermore, the request did not stipulate the duration or frequency of the medication. As such, the request for Norco 5 mg is not medically necessary.