

<b>Case Number:</b>	CM15-0100981		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	11/03/2013
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 26 year old female who sustained an industrial-work injury on 11-3-13. She reported an initial complaint of neck, wrist, and finger pain. The injured worker was diagnosed as having contusion of wrist and hand, mononeuritis of upper limb, trigger finger, other joint derangement, neck sprain-strain, and carpal tunnel syndrome. Treatment to date includes medication, splinting to wrist, home exercise program (HEP), and transcutaneous electrical nerve stimulation (TENS) unit. Currently, the injured worker complained throbbing hand pain recently, wearing wrist splint, left shoulder feels out of place and more painful than usual. Per the primary physician's report (PR-2) on 5-14-15, exam noted abnormal gait, and tenderness, positive Tinel's and Phalen's tests. Current plan of care included continuing home exercise program (HEP), continue TENS, and medication. The requested treatments include Norco 7.5/325mg for carpal tunnel, trigger finger, and hand injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg Qty: 30 (unspecified refills) for carpal tunnel, trigger finger and hand injury:** 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): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months without significant improvement in pain or function. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.