

<b>Case Number:</b>	CM15-0101768		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	07/14/2014
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/05/2015
<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: Texas, 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:

This is a 33-year-old female patient, with a reported date of injury of 07/14/2014. The diagnoses include left wrist pain, tear of the scapholunate ligament of the left wrist, chronic pain syndrome, and myalgia. She sustained the injury while pulling some sheets out of a machine. Per the doctor's note dated 5/22/15, she had complaints of left wrist pain with numbness. Per the new patient consultation report dated 04/24/2015, she had pain as aching with numbness at the left wrist. She rated her pain 8 out of 10 without medications and 1 out of 10 with medications. She took Norco as needed for pain flare-ups and ibuprofen as needed. She reported occasional gastrointestinal upset with taking ibuprofen. The physical examination showed diffuse tenderness to palpation at the dorsal and ventral aspect of the wrist, full active range of motion, intact sensation, but diminished on the left hand, normal bilateral muscle strength, normal bilateral grip strength, and normal heel-toe walking. The medications list includes norco, anaprox and prilosec. The treatment plan included discontinuing the use of ibuprofen and starting naproxen for anti-inflammation; and the continuation of Norco as needed for severe pain flare-ups. An opiate agreement was signed; the CURES report was reviewed on 04/24/2015, with no red flags noted, a urine toxicology screening was done on 04/24/2015 to see if patient was taking her opiate medication appropriately, and was not taking any illicit substances. She has had urine drug screen on 5/22/15 with negative results. She has had an MRI of the left wrist on 11/05/2015 which showed scapholunate ligament, joint space narrowing of the radial carpal joint with degenerative change, and tear of the triangular fibrocartilage complex; electromyography of the left arm with normal findings. She has had physical therapy, which was not helpful and home exercise program. The treating physician requested Anaprox 550mg #60 and Norco 5/325mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Anaprox 550mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67 Naproxen is a NSAID.

**Decision rationale:** Request; Anaprox 550mg #60 CA MTUS page 67 states that NSAIDs are recommended for Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain. MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." According to the records provided patient has had left wrist pain with numbness. She has had significant findings on physical examination, diffuse tenderness to palpation at the dorsal and ventral aspect of the wrist, diminished sensation on the left hand. NSAIDs are considered first line treatment for pain and inflammation. The request for Anaprox 550mg #60 is medically appropriate and necessary for this patient to use as prn to manage his chronic pain.

### **Norco 5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Opioids, criteria for use; On-going Management Page(s): 79-80, 81.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page 75-80.

**Decision rationale:** Request- Norco 5/325mg #60 Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non- opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and

side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to antidepressant and anticonvulsant for chronic pain or lower potency opioids like tramadol for acute exacerbations/ flare ups, is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 5/325mg #60 is not established for this patient, given the medical records submitted and the guidelines cited.