

<b>Case Number:</b>	CM15-0140917		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	09/28/2011
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 43 year old female who sustained an industrial injury on 09-28-2011. Mechanism of injury was a fall injuring her hand. Diagnoses include chronic pain syndrome, complex regional pain syndrome, and pain involving the hand, neuropathy, insomnia-chronic and chronic depression. Treatment to date has included diagnostic studies, medications, surgery, physical therapy, aquatic therapy, exercises, use of a Transcutaneous Electrical Nerve Stimulation unit, 12 stellate ganglion blocks, with the most recent being done in October of 2014 and allowed for an increase in function. She continues to work. Her medications include Ambien, Norco and Dulcolax. The most recent physician progress note dated 01-20-2015 documents the injured worker presents for medication management. She complains of chronic right hand pain and weakness following a fracture of the first metacarpal. She has had a reconstruction of the radial collateral ligament with a palmaris allograft in 2011. She has developed chronic neuropathic pain in her right hand. She has allodynia of the right hand without hyperesthesia. She has hyperesthesia in the left thumb and the right upper extremity. Her least pain is 7 out of 10, her average pain is 7 out of 10, and the worst pain is rated 9 out of 10. The injured worker can tolerate a pain level of 8 out of 10. Treatment requested is for Norco 10/325mg #120 with no refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120 with no refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with pain affecting the right hand. The current request is for Norco 10/325mg #120 with no refills. The treating physician states in the report dated 8/5/15, "Norco 10/325 mg tabs take 1-2 tabs every 4-6 hours 6 max/day." (2D) the treating physician also documents that the patient rates their pain as 5-8/10 with medications and 10/10 without medications. For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A?s (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has documented that the patient has decreased pain, is able to perform ADLs, has not had any side effects to the medication, and has not demonstrated any aberrant behaviors. The current request is medically necessary.