

<b>Case Number:</b>	CM15-0143219		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	04/11/2014
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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 24-year-old male, who sustained an industrial injury on 4-11-14. He reported wrist pain. The injured worker was diagnosed as having right carpal tunnel syndrome and left carpal tunnel syndrome. Treatment to date has included the use of wrist braces, physical therapy, home exercise, and medication. On 4-24-15, medication was noted to decrease pain by 3-4 points. On 6-10-15, pain was rated as 8 of 10. The injured worker had been taking Norco since at least 12-22-14 and Motrin since at least 2-19-15. Currently, the injured worker complains of wrist pain with radiation to the hands and fingers. The treating physician requested authorization for Motrin 800mg #90 with 2 refills and Norco 10-325mg #50.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800mg quantity 90 with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 67-70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Motrin for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Motrin is not medically necessary.

**Norco 10/325mg quantity 50:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 75.

**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 in combination with NSAIDS without significant improvement in pain or function. There was no mention of Tylenol or weaning failure. The continued use of Norco is not medically necessary.