

<b>Case Number:</b>	CM15-0162598		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application</b>	08/19/2015

### **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, North Carolina  
 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 54 year old female, who sustained an industrial injury on October 25, 2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having tenosynovitis to the right wrist or hand, right de Quervain's tenosynovitis, triangular fibrocartilage complex (TFCC), major depression not specified, and chronic pain syndrome. Treatment and diagnostic studies to date has included a medication regimen. In a progress note dated July 21, 2015 the treating physician reports complaints of pain and anxiety. Examination reveals decreased sensation to the cervical eight dermatome level on the right. The injured worker's medication regimen included Norco and Xanax. The injured worker's pain level was rated a 5, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's current medication regimen. The treating physician noted that the use of Norco has assisted with the injured worker's pain and the Xanax has assisted with the injured worker's anxiety, but the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her current medication regimen. The treating physician requested the medication of Norco 10-325mg with a quantity of 120 noting current use of this medication as noted above.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**120 Norco 10/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**Decision rationale:** CA MTUS Guidelines support the ongoing use of opioids if the prescriptions are from a single provider, are prescribed at the lowest possible dose, and if there is ongoing review and documentation of pain relief, functional status, appropriate use and side effects. Opioids may be used chronically if the patient has returned to work and has demonstrated pain relief and improved function. Opioids may be used as an option for moderate to severe pain. They are intended for short-term use only after acute trauma or surgical intervention. They are not intended for long-term use. In this case, the documentation submitted did not demonstrate a sustained reduction of pain levels and no meaningful improvement in functional capacity. The patient has previously been advise to wean off opioids. There is also documentation of dependence issues. Therefore, based on the above findings, the request for continuing Norco is not medically necessary or appropriate.