

Case Number:	CM15-0169225		
Date Assigned:	09/09/2015	Date of Injury:	07/03/2010
Decision Date:	10/07/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/27/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 male, who sustained an industrial injury on 7-3-2010. The injured worker was diagnosed as having chronic pain syndrome, wrist injury, status post right wrist arthroscopy and chondroplasty of the ulnolunate and triangular fibrocartilage debridement, status post right ulnar shortening osteotomy. The request for authorization is for Hydrocodone 10mg-Acetaminophen 325mg #135. The UR report dated 7-30-2015, gave non-certification of Hydrocodone 10mg-Acetaminophen 325mg #135. On 7-17-2015, he is reported to have rated his right wrist and forearm pain a 4-5 out of 10. He indicated his arm to feel weak, and that he is doing range of motion exercises. He is seen using a splint. He indicated feeling as if his range of motion was improved. He denied numbness or tingling. On physical examination no edema is noted, there are well healed surgical scars which are mildly tender, and mild discomfort with ulnar deviation, and stable distal radioulnar joint testing, and an intact neurovascular status of the hand. On 7-27-2015, he reported wrist pain being controlled by 5 Norco per day. He is reported to have not started physical therapy to date as his wrist has not healed enough. He indicated he had been trying to increase his activity. He also reported having numbness and tingling. He is seen wearing a brace. Current medications included: hydrocodone 10mg-acetaminophen 325mg, Percocet, and Zolpidem. Physical findings revealed were no swelling, warmth in the wrist, no tenderness in the forearm or radial styloid process, tenderness is noted at the ulnar styloid process and with range of motion of the wrist. The provider noted discussion of tapering down Norco; however the injured worker was hesitant to decrease the medication. There is notation of an opioid contract on file. Work status is noted to be total temporarily disabled. CURES (unknown date) was reported as appropriate, urine screen (unknown date)

was reported as appropriate. The treatment to date has included: QME (7-21-2014), medications, and wrist surgery. Diagnostic testing included: Urine drug screen (8-19-2014, 3-20-2015), electrodiagnostic studies (1-10-2011, 3-13-2014), magnetic resonance imaging of the right wrist (1-11-2011), physical therapy, right wrist surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg-Acetaminophen 325mg #135: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. The provider noted discussion of tapering down Norco and the UR report dated July 30, 2015, gave non-certification of Hydrocodone 10mg-Acetaminophen 325mg #135. Therefore, the prescription of Hydrocodone 10mg-Acetaminophen 325mg #135 is not medically necessary.