

<b>Case Number:</b>	CM15-0189719		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	08/28/1996
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 57 year old male sustained an industrial injury on 8-28-96. Documentation indicated that the injured worker was receiving treatment for right wrist and hand pain. Previous treatment included right carpal tunnel release, right elbow surgery, 4 right hand surgeries including a triangular fibrocartilage complex repair, partial fusion of the right wrist, full fusion of the right wrist, physical therapy, h-wave, transcutaneous electrical nerve stimulator unit, and medications. In a Doctor's First Report of Occupational Injury dated 7-30-15, the injured worker complained of intermittent right hand burning and aching, rated 2 out of 10 on the visual analog scale (5/10 worst pain), associated with dropping things, difficulty with buttoning buttons, writing with pens, and holding coffee mugs. The injured worker was not currently taking any pain medications. The injured worker had tried Advil, Aleve, Aspirin, and Tylenol in the past with no relief. The injured worker had also used Norco, Cymbalta, Ambien and Keppra, but they had all been discontinued at the time of exam. Physical exam was remarkable for right wrist with painful range of motion and mild deformity with multiple well-healed surgical scars. The treatment plan included a pain management specialist and prescriptions for Norco, Ambien, and omeprazole. Utilization Review on 8-27-15 non-certified the request for Norco 10/325mg sig: one po tid #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg sig: one po tid #90: 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

**Decision rationale:** The cited CA MTUS guidelines recommend short acting opioids, such as hydrocodone, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 As, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's recent records (through 8-26-15) included documentation of the pain without medication and CURES report from 8-26-15. However, there is no documentation of pain with medications, no significant adverse effects, pain contract on file, history of urine drug testing, objective functional improvement, and increased performance of necessary activities of daily living. In total, the records do not indicate the necessity for opioids to control his mild/moderate intermittent pain and the documentation has not met the cited guidelines. The injured worker should continue appropriate follow up and weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Therefore, the request for Norco 10/325mg, sig: one po tid #90, is not medically necessary and appropriate for ongoing pain management.