

<b>Case Number:</b>	CM15-0190647		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40 year old female, who sustained an industrial injury on 10-3-13. The documentation on 9-8-15 noted that the injured worker has complaints of severe pain in the right middle finger at a pain level of 5 to 6 out of 10 on the pain scale. The middle finger feels tight and numb with swelling. The right middle finger examination revealed metatarsophalangeal joint 60; proximal interphalangeal joints 90; crepitus and catching and +mild thickening. The diagnoses have included right hand and wrist over use syndrome; aggravation of underlying right wrist tenosynovitis; status post open reduction, internal fixation of right ulnar with 2+ negative ulnar variance, date of service December 2012; flexor tenosynovitis with triggering of right middle digit and status post right middle finger trigger release, date of service 7-2-15. Treatment to date has included Norco; right middle finger trigger release on 7-2-15; open reduction, internal fixation of right ulnar in December 2013 and that as of 9-8-15 the injured worker had completed 8 sessions of physical therapy. The original utilization review (9-14-15) partially approved a request for Norco 10-325 #15 (original request for #30) to allow for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

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

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker had a trigger point release of the right middle finger on 7/2/15. She was placed on Norco post-surgery and is currently undergoing physical therapy for the finger/hand. She continues to complain of pain and numbness in the finger but no longer has triggering. She rates her pain as 4/10. It is reasonable to wean the injured worker off Norco at this point 2 months post surgery. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #30 is determined to not be medically necessary.