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| <b>Case Number:</b>   | CM15-0191106 |                              |            |
| <b>Date Assigned:</b> | 10/05/2015   | <b>Date of Injury:</b>       | 04/25/2013 |
| <b>Decision Date:</b> | 11/12/2015   | <b>UR Denial Date:</b>       | 09/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/29/2015 |

### 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: 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 23 year old male who sustained an industrial injury on 04-25-2013. Treatment to date has included surgery on 09-02-2014, physical therapy and medications. According to a progress report dated 06-03-2015, the injured worker reported constant mild to 3 on a scale of 1-10 achy left wrist pain and left hand pain, stiffness and weakness. Diagnoses included post op left hand-wrist, TFC tear of left wrist, left hand nondisplaced fracture metacarpal and arthropathy of hand. The treatment plan included Norco 10-325 mg #60 and Ibuprofen 800 mg #120 and a urine toxicology drug screen. Work status included full duty with no restrictions. According to a qualified medical examination dated 06-16-2015, the injured worker reported pain in the left wrist that varied from 2-5 on a scale of 1-10. He also reported some limitation of range of motion and stiffness in the wrist joint in the morning. He also felt weakness in the left wrist. Current medications included Ibuprofen as need. Examination of the left wrist and forearm showed a well healed scar and well healed scars in front of the wrist consistent with surgical graft obtained. No instability was noted in the radiocarpal or intercarpal joints. He had no instability in the intercarpal joints and distal radial ulnar joint showed no subluxation or dislocation. He had negative Tinel's sign, negative Phalen's test, negative Finkelstein's test and negative Durkan's test. Range of motion was decreased with flexion, radial deviation and ulnar deviation. He had no deformity, tenderness, subluxation or sign of real thickening at CMC joint of the thumb. Second metacarpal did not show any deformity, tenderness, increased mobility or any deformity in relation to the 2nd metacarpal. No deformity was noted in the repairing metacarpals. Examination of the left hand showed no atrophy of

thenar or hypothenar eminence. No atrophy of intrinsic muscle was noted. A-1 pull 1 through 5 test did not show any localized tenderness, thickening or triggering of the fingers 1 through 5. Range of motion in the metacarpophalangeal and interphalangeal joints of the fingers and thumb was normal. His two point discrimination was 5 millimeters 1 through 5. Future medical treatment included occasional use of anti-inflammatory medications. The provider noted that it was unlikely that he would require any further surgical intervention and that he may require 1-2 visits to the treating physical for follow up of reconstruction. On 09-04-2015, Utilization Review non-certified the request for Norco 10-325 mg #90 and Ibuprofen 800 mg #90.

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

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

**Norco 10/325 mg #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, criteria for use, Opioids for chronic pain, Opioids, long-term assessment, Opioids, pain treatment agreement.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Norco. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the 4 A's for Ongoing Monitoring. These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the 4 A's for Ongoing Monitoring. The treatment course of opioids in this patient has extended well beyond the time frame required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Ongoing treatment with Norco is not medically necessary.

**Ibuprofen 800 mg #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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of NSAIDs, including ibuprofen, as a treatment modality. NSAIDs are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. In this case, the medical records indicate that Ibuprofen is being used as a long-term treatment strategy for this patient's symptoms. As noted in the above cited guidelines, only short-term treatment is recommended. Further, there is insufficient documentation in support of ibuprofen as an effective adjunct for this patient's chronic condition. For these reasons, ongoing treatment with ibuprofen is not medically necessary.