

<b>Case Number:</b>	CM15-0206271		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	09/14/1993
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Emergency 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 57 year old female who sustained an industrial injury on September 14, 1993. Medical records indicated that the injured worker was treated for right carpal tunnel syndrome. Her medical diagnoses include right carpal tunnel syndrome, cubital tunnel syndrome, De Quervain's tenosynovitis, status post right first dorsal compartment and carpal tunnel release, reflex sympathetic dystrophy, status post implantation and explantation of spinal cord stimulator. In the provider notes dated September 30, 2015 the injured worker complained of right hand, wrist and arm pain. She rates her pain 3 to 8 on a pain scale of 0 to 10. She describes the pain as constant, sharp, dull, aching, pins and needles with burning and numbness. Cold and activity worsen her symptoms and her symptoms are alleviated with rest, heat and medication. She had a right stellate ganglion block on September 10, 2015. She has decreased pain in her right arm and hand and had been able to reduce her pain medication from 3 tablets per day to one to two tablets per day. She is able to use her right arm for most home chores and continues to need assistance with chores such as carrying wet laundry, mopping and vacuuming. On exam, the documentation stated that the cervical exam was abnormal with "end range of motion stiffness and tenderness, greater on the right side. Tight and tender right trapezii and levator scapulae muscles." The right hand was tender with mild to moderate swelling, erythema and hot with decreased range of motion with positive Durkan's sign. The left hand had mild to moderate swelling and tenderness with positive Durkan's sign. The treatment plan is for medication, home heat and ice therapy, home exercises. A Request for Authorization was submitted for Norco 7.5 mg 325 mg #90. The Utilization Review dated October 13, 2015 denied the request for Norco 7.5 mg 325 mg #90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

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

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. There is claim of improvement in pain with a decrease of Norco use after block was done. However, provider has failed to document improvement in pain with medications or appropriate improvement in functional status. This request for #90 tabs is not consistent with weaning or a decrease from prior prescriptions. Recent urine drug screen is noted to be positive for alcohol use with opioids, which is not appropriate. This request is inconsistent with and is not medically necessary.