

<b>Case Number:</b>	CM15-0024055		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Maryland, Virginia, North Carolina  
 Certification(s)/Specialty: Plastic Surgery

### 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 43-year-old male, who sustained an industrial injury on 9/16/2013. He has reported a laceration to the right palm and a right shoulder strain/sprain. The diagnoses have included right shoulder impingement, right hand flexion contracture. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), joint injections, physical therapy, psychological evaluation and biofeedback therapy and group therapy sessions. Currently, the IW complains of sharp shoulder pain with popping, rated 5/10 VAS. Magnetic Resonance Imaging (MRI) from 10/17/14 revealed partial rotator cuff tear. Right hand pain was rated 6/10 with severe flexion contracture and inability to actively extend fingers. The provider documented a request for an orthopedic evaluation STAT to prevent permanent contracture of the hand. On 12/10/14, the plan of care included aggressive occupational therapy with a hand specialist. On 1/30/2015 Utilization Review non-certified Norco 5/325mg #60 and right hand surgery, noting the documentation did not support medical necessity. The MTUS and ACOEM surgical Guidelines were cited. On 2/9/2015, the injured worker submitted an application for IMR for review of Norco 5/325mg #60 and right hand surgery. Documentation from 1/16/15 notes a request for Norco 5/325 #60 requested. Diagnoses include right hand laceration with residual loss in ROM and strength. Subjective complaints include right shoulder and right hand pain. The patient was noted to have severe palmar flexion contracture and recommendation for surgical treatment from patient report of orthopedic consultation evaluation. However, there is no documentation from a follow-up examination of the orthopedic surgeon to note this recommendation. Documentation from orthopedic evaluation 12/10/14 notes the patient has pain

and stiffness of the right hand with inability to fully extend his fingers actively. Recommendation is made for aggressive hand therapy. 'I do not believe he will need surgical intervention.'

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

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

**Norco 5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for continued use Page(s): 78.

**Decision rationale:** The patient is a 43-year-old male who complains of right hand and shoulder pain. He has previously been treated with narcotics. A request was made for Norco 5/325 mg # 60. However, clear indications for the continued use of the narcotics was not provided, as stated in Chronic Pain Medical Treatment Guidelines: 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 nonadherent) 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 for documentation of the clinical use of these controlled drugs. (Passik, 2000) Thus, there has not been an ongoing review of pain relief, functional status, appropriate medication use, and side effects associated with this medication. Thus, Norco for continued use for chronic pain should not be considered medically necessary. With respect to the use following possible surgery, this should not be considered medically necessary as well. There is not a clear indication for surgery.

**Right hand surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**Decision rationale:** The patient is a 43-year-old male with evidence of limitation in range of motion related to a previous right palm injury. The documentation provided for this review from the orthopedic surgeon only notes a recommendation for aggressive hand therapy and an unlikely need for surgical intervention. There is no follow-up examination from this physician to document a need for surgical intervention. In addition, the documentation from 1/16/15 seems to suggest that the need for surgical intervention is an interpretation by the patient of what the orthopedic surgeon had recommended. Thus, without greater clarity, examination detail, and specific recommendations by the consulting surgeon, right hand surgery should not be considered medically necessary. From ACOEM, page 270 Referral for hand surgery consultation may be indicated for patients who: - Have red flags of a serious nature.- Fail to respond to conservative management, including worksite modifications.- Have clear clinical and special study evidence of a lesion that has been shown to benefit.