

<b>Case Number:</b>	CM15-0223431		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	01/07/2012
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 38 year old male, who sustained an industrial injury on 1-7-2012. The injured worker is undergoing treatment for left wrist open reduction internal fixation (ORIF), right wrist fracture, concussion, right tarsal tunnel and left carpal tunnel syndrome. Medical records dated 9-1-2015 indicate the injured worker complains of neck pain, back pain and numbness in the left hand and wrist. Physical exam dated 9-1-2015 notes bilateral wrist decreased range of motion (ROM), weak grip, left wrist tenderness to palpation, cervical tenderness to palpation with trigger points, painful decreased range of motion (ROM) and thoracic tenderness to palpation and spasm. Treatment to date has included wrist surgery, rhinoplasty, physical therapy, home exercise program (HEP), Meloxicam, Zanaflex and Norco since at least 11-11-2014. The original utilization review dated 11-2-2015 indicates the request for Norco 325mg #180 with 3 refills is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180 1 month supply with 3 refills:** 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.

**Decision rationale:** The claimant sustained a work injury in January 2012 when he fell approximately 25 feet from a roof onto concrete. He sustained multiple fractures including bilateral comminuted wrist fractures, multiple facial bone fractures, a rib fracture, and a subarachnoid hemorrhage. He required ORIF with external fixator replacement and craniotomy with repair of the anterior skull and of a dural defect with CSF leak. He continues to be treated for chronic pain and secondary sequela including depression, anxiety, and posttraumatic stress disorder. When seen by the requesting provider he was having mid back and neck pain and numbness in his left wrist and hand. A left wrist fusion was being recommended. Medications are referenced as reducing pain so he could be more functional and active. Physical examination findings included multiple scars. He had left wrist tenderness with decreased and painful range of motion. There was grip strength weakness bilaterally. He had cervical and mid thoracic spine tenderness with trigger points. There was decreased and painful cervical spine range of motion with muscle spasms. Medications were Norco, meloxicam, and Zanaflex. The total MED (morphine equivalent dose) was 60 mg per day. Norco (hydrocodone / acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.