

<b>Case Number:</b>	CM15-0035705		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: Physical Medicine & Rehabilitation

### 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 52-year-old male who sustained a work related injury on September 10, 2013. There was no mechanism of injury documented. The injured worker was diagnosed status post fracture of the 5th metacarpal with multiple interventions to realign bone and shoulder bicipital tenosynovitis. The injured worker underwent removal of hardware along 5th metacarpal and tenolysis of the left hand on December 8, 2014. According to the primary treating physician's progress report on January 22, 2015 the patient was examined and noted to have good wound healing, no infection, good motion and able to make a fist. Current medications are listed as Norco. Treatment modalities consist of physical therapy and medication. The injured worker is on temporary total disability (TTD) and not working. The treating physician requested authorization for 1 prescription of Norco 10/325mg #120. On February 9, 2015 the Utilization Review modified the request for 1 prescription of Norco 10/325mg #120 to 1 prescription of Norco 10/325mg #45 for tapering. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids, criteria for use; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents for a surgical follow up and suture removal for the recent procedure performed on the left hand. The patient's date of injury is 09/10/13. Patient is status post fracture of the 5th finger on the left hand with temporary hardware placement, and subsequent removal of hardware on 12/08/14. The request is for 1 Prescription Of Norco 10/325mg #120. The RFA is dated 12/31/14. Physical examination dated 12/31/14 reveals a well healing surgical incision on the left hand with no erythema, swelling, or signs of infection. No other physical findings are included. The patient is currently prescribed Norco. Diagnostic imaging was not included. Patient is currently temporarily totally disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the request of Norco for the management of this patients intractable pain, treater has not provided adequate documentation of pain reduction and functional improvement to continue its use. Progress notes provided indicate that this patient has been taking Norco since at least 05/27/14, though there is no documentation of pain relief or functional improvement specifically attributed to this medication in the subsequent reports. Furthermore, no consistent urine drug screens or discussion of a lack of aberrant behavior are provided. Owing to a lack of 4A's documentation as required by MTUS, the request IS NOT medically necessary.