

<b>Case Number:</b>	CM15-0040476		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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 40-year-old female, who sustained an industrial injury on July 27, 2012. The injured worker was diagnosed as having cervical radiculopathy, shoulder rotator cuff tear, wrist tend/burs, carpal tunnel syndrome, and wrist/hand sprains/strains. Treatment to date has included medications, right carpal tunnel release surgery. On August 20, 2014, she presents with right wrist pain, and the provider is requesting extension for authorization of carpal tunnel release. On December 24, 2014, she was seen in follow-up to right wrist carpal tunnel release. She indicates her fingers had turned blue and had swelling the week prior to this visit. She had gone to the emergency room for evaluation as a result. On February 26, 2015, the provider advised the injured worker to discontinue the Norco, which had been prescribed by another physician. The request is for Norco 10/325mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** This patient presents with cervical radiculopathy, shoulder rotator cuff tear, and carpal tunnel syndrome. The patient underwent the right wrist carpal tunnel release on 12/12/14. The request is for NORCO 10/325 mg #60 on 02/03/15 per utilization review letter dated 02/10/15. RFA is not available in the provided reports. The work status is not available. 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. Review of reports does not provide starting date of NORCO but on 10/01/14 report, the treater noted that "the patient indicates that she has been provided with Norco from her right shoulder surgeon. However, she does not tolerate Norco well. Therefore, I will provide her with an alternative pain medication as well as topical patches for local relief." Per 02/26/15, the treater noted that the patient is instructed "to discontinue the Norco." The recent reports provided are incomplete and have missing pages, unable to find out pain scales and rationales for the request. It is not known why Norco was prescribed on 2/3/15 when this medication has not worked and was not tolerated since 10/1/14. The request IS NOT medically necessary.