

<b>Case Number:</b>	CM15-0089868		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	05/24/2007
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 49 year old male, who sustained an industrial injury on 3/24/2007. Diagnoses include crush fracture of the right hand with open reduction internal fixation (ORIF) of the elbow, carpal tunnel syndrome right wrist and continue disuse and atrophy with reflex sympathetic dystrophy of the right upper extremity. Treatment to date has included diagnostics and medications. Per the Primary Treating Physician's Progress Report dated 4/13/2015, the injured worker reported pins and needles in the right shoulder, aching pain in the right upper arm, stabbing pain in the right elbow, burning in the right forearm and stabbing pins and needles to the right hand. Physical examination revealed a clenched fist, which fails to function in any activity of daily living. There is no change in his condition from previous evaluations of several years. The plan of care included medications and authorization was requested for Norco 10/325mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Qty 90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-89, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

**Decision rationale:** One the claimant sustained a work injury in March 2007 and is being treated for chronic right upper extremity pain including a diagnosis of CRPS. When seen, he was having ongoing right upper extremity pain. He had a non-functional right hand with contractures. Medications were Norco being prescribed at a total MED (morphine equivalent dose) of 30 mg per day. The assessment references medications as necessary for pain relief and providing improvement with activities of daily living. Guidelines indicate that just because an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and the medication is providing pain relief and improved function in terms of activities of daily living. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.