

<b>Case Number:</b>	CM14-0146276		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/16/1997
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is 57 year old female with an injury date of 05/16/97. The 08/07/14 progress report by [REDACTED] states the patient presents for follow up with stable symptoms. Her work status is not noted. Examination reveals: wrist tenderness on the volar aspect of both sides with decreased grip strength with tenderness in the lateral elbow on the right side. The patient's diagnoses include: 1. Tenosynovitis, right middle and ring finger 2. S/P right carpal tunnel release (date unknown) 3. S/P extensor tendon release (date unknown) 4. S/P right fifth digit contusion Medications are listed as, Norco, Celebrex, and Voltaren Gel. The utilization review being challenged is dated 08/20/14. Treatment reports were provided from 01/10/13 to 08/07/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60 with 2 refills:** Upheld

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

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

**Decision rationale:** The patient presents with wrist tenderness with decreased grip and tenderness in the lateral elbow. The treater requests for Norco 10/325 mg #60 with 2 refills. The utilization review notes the requested medication was modified to #60, no refills, on 04/21/14. The reports provided show the patient has been taking this medication since 01/10/13. The 08/09/13 report notes the patient continues to take Norco 2x daily and is unable to taper. 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 this case, the reports lack discussion of "pain assessment" measures. No urine toxicology or other opiate management issues are addressed and no specific ADL's are mentioned to show a significant change with use of this medication. Recommendation is for denial.