

<b>Case Number:</b>	CM14-0162845		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	06/03/2010
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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, Pain Medicine 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 injured worker is a 54-year-old female who reported an injury on 06/03/2010. The mechanism of injury was repetitive trauma. The injured worker was noted to have 2 revision surgeries. The injured worker's medications included dexamethasone 4 mg 1 by mouth 3 times a day, Norco 10/325 mg tablets 1 three times a day, and mexiletine 150 mg by mouth every day. The injured worker had a right thumb basal joint arthroplasty with total trapeziectomy, harvesting of palmaris longus tendon graft and placement of anchovy palmaris graft into the trapezium space, capsular reconstruction of the right basal joint, carpal tunnel release with external neurolysis of median nerve, distal forearm fascia release, flexor tenosynovectomy, ulnar decompression of the canal of Guyon at the wrist on the right on 12/03/2010. The injured worker underwent a scar revision on the right basal joint; neurolysis, dorsal sensory branches, radial nerve; basal joint osteotomy; large heterotopic ossification, first metacarpal; revision arthroplasty reconstruction; K wire stabilization to the first metacarpal and second metacarpal on 07/17/2012. The injured worker underwent urine drug screens. Documentation of 01/20/2014 revealed the injured worker as utilizing Norco as needed. The documentation of 08/18/2014 revealed the injured worker's right hand pain was constant. The pain was sharp, stabbing, and burning. The injured worker had numbness, tingling, and sensitivity to light touch. The objective findings revealed the injured worker had minimal motion in the right thumb and the injured worker held the right thumb in the adducted position. The injured worker had exquisite sensitivity to tapping in the area of the radial styloid at the site of surgery where the nerve was buried on the right. The injured worker had redness and swelling in the distal radius and thumb base on the right. The diagnoses included right de Quervain's disease, status post right basal thumb joint arthroplasty, status post right carpal tunnel release, right radial nerve neuritis, right cubital tunnel ulnar neuropathy, right wrist contracture, right adduction contracture, right basal

joint. The treatment plan included continuation of Norco 10/325 mg. There was no Request for Authorization for the requested medication. There was no documented rationale for the requested medication.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

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

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, ongoing management, Page(s): 60, 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 01/2014. There was a lack of documentation of objective functional improvement and there was a lack of documentation of an objective decrease in pain. The clinical documentation indicated the injured worker was being monitored for aberrant drug behavior through urine drug screens. There was a lack of documentation of side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Hydrocodone 10/325mg #60 is not medically necessary.