

<b>Case Number:</b>	CM15-0004406		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	09/10/2007
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

### 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 42-year-old male who reported an injury on 09/10/2007. The mechanism of injury was not provided. His diagnoses included carpal tunnel syndrome, injury to the digital nerve of the upper limb, lateral epicondylitis, and laceration of the right hand. Past treatments included physical therapy, a TENS unit, and medications. On 11/25/2014, the injured worker complained of right hand/wrist pain rated 6/10. The physical examination revealed the right wrist range of motion was indicated to be within normal limits; however, there was decreased sensation over the ulnar aspect of the right hand involving the right ring and right little finger. The documentation indicated the injured worker was utilizing Norco and ibuprofen for pain. The injured worker also noted functional improvement in pain with the current medication regimen rated 2/10 to 3/10 with his medication use. His relevant medications were noted to include Motrin, Ultram, and Prilosec. The treatment plan included Norco and Ultram. A rationale was not provided. The treatment plan also included continuation of home exercise. A Request for Authorization form was submitted on 11/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 1 every 6 hours #120 no refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 & 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

**Decision rationale:** The request for Norco 10/325mg 1 every 6 hours #120 with no refill is not medically necessary. According to the California MTUS Guidelines, patients on opioid regimens require ongoing monitoring to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug related behaviors. The injured worker was indicated to have been on Norco for an unspecified duration of time. However, there was a lack of documentation in regard to monitoring for side effects and the occurrence of any aberrant drug related behaviors to include a current urine drug screen provided for review. Based on the above, the request is not supported by the evidence based guidelines. A recommendation is indicated for a weaning schedule as the injured worker was indicated to be on Norco. As such, the request is not medically necessary.

**Motrin 800mg bid #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The request for Motrin 800mg bid #60 with 2 refills is not medically necessary. According to the California MTUS Guidelines, NSAIDs may be recommended for injured workers with osteoarthritis including the knee and hip and for injured workers with acute exacerbations of chronic low back pain. However, the guidelines indicate that NSAID dosage should be at the lowest dose for the shortest period and initial therapy of acetaminophen should be considered prior to NSAIDs. The injured worker was indicated to have been on Motrin for an unspecified duration of time. However, there was a lack of documentation to indicate the injured worker had osteoarthritis or had an acute exacerbation of chronic low back pain. There is also a lack of documentation to indicate the injured worker had initial therapy of acetaminophen prior to NSAID therapy. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.