

<b>Case Number:</b>	CM15-0014767		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	03/27/2012
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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, Washington

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 60-year-old female who reported an injury on 03/27/2012. The mechanism of injury was cumulative trauma. The prior treatments included were not provided. The documentation of 12/17/2014 revealed the injured worker was requesting referral to a hand surgeon for evaluation and treatment of left wrist pain. The injured worker was noted to be treated with splinting and NSAIDs. The injured worker indicated she would like to trial an injection. The injured worker had increased problems lifting things with some distal numbness and weakening. The current medications were noted to include Flexeril 10 mg 1 tablet by mouth twice a day and meloxicam 7.5 mg 2 tablets 1 time per day. The physical examination revealed tenderness at the base of the thumb over the extensor tendons. The injured worker had pain with resistance to extension of the thumb, more so than flexion or abduction. The diagnoses included De Quervain's tenosynovitis refractory to conservative management, requesting an injection. The treatment plan included Norco 10/325 mg 1 tablet every 6 hours as needed for pain, 100 tablets, refills 0.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain Page(s): 76, 77.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend prior to the therapeutic trial of opioids, there should be documentation that alternatives to treatment have been tried and failed. There should be baseline pain and functional assessment that should be made. Function should include social, physical, psychological, daily, and work activities, and should be performed using a validated instrument or numerical rating scale. There should be documentation the injured worker has had at least 1 physical and psychosocial assessment by the treating physician to assess whether a trial of opioids should occur. The clinical documentation submitted for review failed to meet the above criteria. There was a lack of documentation indicating the injured worker had tried and failed nonopioid analgesics, had a baseline pain and functional assessment, and had 1 physical and psychosocial assessment by the treating physician to determine whether a trial of opioids should occur. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 #100 is not medically necessary.