

<b>Case Number:</b>	CM15-0014873		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/16/2015
<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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 35 year old female sustained an industrial injury on 6/10/13, with bilateral wrist pain. Past surgical history was positive for de Quervain's, carpal tunnel and volar radiocarpal ganglionectomy release on the left in 2013. The 9/17/14 right wrist MRI demonstrated a radial volar ganglion cyst, ulnar nerve compression and chronic tenosynovitis. The 11/7/14 nerve conduction study documented findings consistent with mild right carpal tunnel syndrome. The 12/22/14 treating physician report indicated that she had done well following the left wrist surgery without further difficulties. She complained of right wrist pain and tingling that limited simple activities, such as stirring or grasping. Physical exam documented positive carpal tunnel compression test and Phalen's test, and pain with Finkelstein's test. The patient had failed conservative treatments, including injections. The treatment plan included right wrist ganglionectomy, carpal tunnel release, and deQuervain's release. On 1/16/15, Utilization Review certified the right wrist surgical request. A request for postoperative pain medication: Norco 10/325mg Tablets #45 with one (1) additional refill; 1-2 po q 4-6 hrs PRN for pain to postoperative pain medication: Norco 10/325mg Tablets #45 with no refills citing ACOEM and CA MTUS Guidelines. As a result of the UR denial, an IMR was filed with the [REDACTED]

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Operative Pain Medication: Norco 10/325mg Tablets #45 with One (1) Additional Refill; 1-2 po q 4-6 hrs PRN for pain: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Opioids Specific drug list.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271, Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91.

**Decision rationale:** The California MTUS guidelines support the use of opioids on a short term basis for wrist/hand pain. Guidelines recommend Norco for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Short-acting opioids, also known as "normal-release" or "immediate-release" opioids, are seen as an effective method in controlling both acute and chronic pain. The use of Norco would be supported on a short term basis for post-operative pain management. The 1/16/15 utilization review modified a request for Norco 10/325 mg #45 tablets with one refill to Norco 10/325 mg #45 tablets with no refill. This modification is consistent with guideline recommendations for short term use. There is no compelling reason to support the medical necessity of an additional medication at this time. Therefore, this request is not medically necessary.