

<b>Case Number:</b>	CM15-0113008		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	06/30/2011
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 35 year old female, who sustained an industrial injury on June 30, 2011 while working as a packer. The injured worker experienced a pull in the right wrist. The injured worker has been treated for right wrist and hand complaints. The diagnoses have included right triangular fibrocartilage complex tear, reflex sympathetic dystrophy syndrome right upper extremity, left hand ganglion, chronic pain and major depressive disorder with suicidal ideas. Treatment to date has included medications, radiological studies, psychological testing, psychiatric care, injections, physical therapy and right hand surgery. Current documentation dated April 17, 2015 notes that the injured worker reported constant right hand pain and swelling. Medications include Lyrica and Norco which were noted to help manage the pain. Examination of the right upper extremity revealed increased redness and swelling in the right forearm and wrist. Tenderness was noted in the right elbow over the medial epicondyle and radial head. Right wrist and hand examination revealed tenderness at the ulna and swelling in the forearm. Range of motion was extremely limited pain and swelling. Right hand examination revealed diffuse tenderness, swelling and no range of motion. Skin mottling was present. The treating physician's plan of care included a request for the medication Norco 10/325 mg # 60 as prescribed on 4/17/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #60 as prescribed 4/17/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**Decision rationale:** In this case, there is no evidence of appropriate monitoring or counseling regarding long-term use of opiates. There is no opioid contract in the records submitted. There is also no evidence of functional benefit with long-term use of this medication. Multiple physicians are involved in the care of this patient with complex medical problems and it is not clear if there has been proper coordination of treatment and medication usage. In addition, the patient has expressed suicidal ideation in the past and the ready availability of opiates presents a risk. Also, consideration should be given to alternative diagnoses, such as CRPS, in this patient with persistent symptoms resistant to therapy. The request for continued Norco is not medically necessary or appropriate.