

<b>Case Number:</b>	CM15-0116625		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	02/04/2004
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Arizona, California  
 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 57-year-old female, who sustained an industrial injury on 02/04/2004. She has reported injury to the left wrist and low back. The diagnoses have included chronic lumbar spine strain; lumbosacral spondylosis; degenerative disc disease of lumbar spine; left wrist DISI (dorsal intercalated segment instability) deformity with scapholunate ligament insufficiency; left wrist scapholunate ligament disruption with scapholunate interval widening and SLAC (scapholunate advanced collapse) wrist; left wrist distal radioulnar joint arthrosis; and status post left wrist surgery times three. Treatment to date has included medications, diagnostics, occupational therapy, physical therapy, and surgical intervention. Medications have included Norco. A progress report from the treating physician, dated 05/18/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of pain in the left wrist and hand which is frequent and is the same; the pain is rated at 8/10 on the pain scale; persistent pain in the lumbar spine, which is frequent and the same; the pain is rated at 7/10 on the pain scale; the pain radiates to the left lower extremity; the pain is made worse with activities; the pain is made better with rest and medications; and she takes Norco two to three times a day. Objective findings included intact skin on examination of the left wrist and hand; a healed surgical dorsal incision; there was tenderness to palpation; there was limited range of motion on all planes; and neurovascular status was intact distally. The treatment plan has included the request for physical therapy for the left wrist and hand 3 times a week for 4 weeks; and Norco 10/325mg #90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the left wrist and hand 3 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Hand guidelines and pg 28.

**Decision rationale:** According to the guidelines, therapy post surgical is indicated for up to 16 visits in the first few months after surgery. In this case, the claimant had received over 12 sessions in the last 6 months, the claimant's last surgery was over a year ago, and pins were removed 6 months ago. The request for addition 12 sessions of therapy exceeds the time frame and amount recommended by the guidelines and is not medically necessary.

**Norco 10/325mg # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Tramadol and NSAIDs in the past and Norco for over 4 months. Long-term of opioids is not indicated for wrist pain. Tylenol failure was not noted. The continued use of Norco is not medically necessary.