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| <b>Case Number:</b>   | CM15-0120643 |                              |            |
| <b>Date Assigned:</b> | 07/01/2015   | <b>Date of Injury:</b>       | 04/13/2012 |
| <b>Decision Date:</b> | 07/30/2015   | <b>UR Denial Date:</b>       | 06/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/23/2015 |

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 41 year old male, who sustained an industrial injury on 4/13/2012, as the result of cumulative trauma. The injured worker was diagnosed as having entrapment neuropathy upper limb and extremity pain. Treatment to date has included diagnostics, left carpal tunnel release (2013), physical therapy, trigger point injections, transcutaneous electrical nerve stimulation unit, and medications. Currently, the injured worker complains of pain along his bilateral wrists, increased since his last visit. In addition to pain, he also reported depression secondary to pain and loss of some function. He reported severe depression and not sleeping well. He reported having to self-pay for his medications. He was also complaining of abdominal pain and pain along his entire spine. He completed the approved physical therapy, noting improvement and candidacy for additional sessions. He had bilateral elbow injections for epicondylitis and stated that this did help. He now noted more left hand and ring finger numbness and stated the left ring finger started having more pain after the left carpal tunnel release. Current medication use included Norco, noting allergy to non-steroidal anti-inflammatory drugs. His work status was total temporary disability. Pain levels were increased from 2/10, when rated 2/10 with medication use and 8/10 without. Urine toxicology was not submitted. He was prescribed Norco and Lexapro. The use of Norco was noted since at least 12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88 of 127.

**Decision rationale:** This claimant was injured three years ago, diagnosed as having entrapment neuropathy of the upper limb and extremity pain. There was a left carpal tunnel release in 2013, physical therapy, trigger point injections, transcutaneous electrical nerve stimulation unit, and medications. There is continued pain along his bilateral wrists, increased since his last visit. He had bilateral elbow injections for epicondylitis and stated that this did help. Pain levels were increased from 2/2015, when rated 2/10 with medication use and 8/10 without. Objective functional improvement out of the long term usage of Norco is not documented. The request is for Norco renewal. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.