MAXIMUS Federal Services

| Case Number: | CM15-0123809 | | |
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| Date Assigned: | 07/08/2015 | Date of Injury: | 12/06/2010 |
| Decision Date: | 08/04/2015 | UR Denial Date: | 06/16/2015 |
| Priority: | Standard | Application Received: | 06/26/2015 |

## 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: 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 54 year old female, who sustained an industrial injury on 12/6/10. She reported pain in her bilateral hands and wrists. The injured worker was diagnosed as having bilateral trigger thumb-status post release, bilateral thumb pain and left distal radio-ulnar arthritis. Treatment to date has included an EMG/NCS of the upper extremities on 8/17/12 showing left sensory median neuropathy, a left hand x-ray and physical therapy. Current medications include Lyrica, Naproxen and Norco since at least 12/16/14. On 5/8/15, the injured worker rated her pain a 7/10 in her bilateral hands and wrists. As of the PR2 dated 5/20/15, the injured worker reports bilateral wrist and hand pain. She indicated that Lyrica helps the burning pain and Hydrocodone helps the constant achy and throbbing pain. Objective findings include tenderness in the first CMC and MCP joint, minimal swelling at the base of the right thumb and 4+/5 grip strength bilaterally. The treating physician requested to continue Norco 10/325mg #45.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, 45 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47 - 48, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** This claimant was injured about 5 years ago with pain in her bilateral hands and wrists. The injured worker was diagnosed as having bilateral trigger thumb-status post release, bilateral thumb pain and left distal radio-ulnar arthritis. Current medications include Lyrica, Naproxen and Norco since at least 12/16/14. On 5/8/15, the injured worker rated her pain a 7/10 in her bilateral hands and wrists. As of May 2015, there is continued bilateral wrist and hand pain. 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.