

<b>Case Number:</b>	CM15-0172348		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	06/21/2004
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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 54 year old female who sustained an industrial injury on 6-21-04. Diagnoses per a 7-20-15 visit note are carpal tunnel syndrome-bilateral, status post right carpal tunnel release and revision, cervical spondylosis without myelopathy, pain in joint shoulder-bilateral, status post right shoulder arthroscopy, spondylosis lumbosacral, and pain in joint hand-bilateral basilar joint. Previous treatment includes physical therapy, home exercises, surgery, ice, heat, medications, psychology referral, and has access to; elbow sleeve, soft and rigid braces, hot and cold wrap, neck pillow, back brace, and TENS unit (transcutaneous electrical nerve stimulation). In a progress note dated 2-20-15, the physician reports she is status post excision of ganglion cyst on 11-10-14. She was approved for 12 sessions of hand therapy. Medications are Norco 10-325mg #30 for mild-to-severe pain, Nalfon, Flexeril, Gabapentin, and Protonix. It is noted she will have a urine drug screen the following month. In a follow up evaluation dated 7-30-15, the physician notes she started a functional restoration program. She received 70 Norco and was taking 120. She states "that having less than 2 days is not enough to manage her pain." "Therapy through functional restoration is causing exacerbation of her pain, she needs more medication." It is noted, a request was made for a temporary increase in medication for 2 months for next visit. Her pain is unchanged. She has persistent right wrist pain with numbness and tingling and weakness and right shoulder pain with overhead reaching. A request for authorization is dated 7-30-15. Objective findings are tenderness along the right wrist, carpometacarpal, first extensor dorsum of wrist as well as carpal tunnel. She is not working. The requested treatment of Neurontin, Trazadone and Effexor was approved on 8-11-15. The

requested treatment of Naproxen 550mg quantity 60 was denied on 8-11-15, Tramadol ER 150mg quantity 30 was modified to quantity 18 and Norco 10-325mg quantity 120 was modified to quantity 70 on 8-11-15.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Naproxen 550mg qty:60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months in combination with opioids. Pain reduction attributed to Naproxen is unknown. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Naproxen is not medically necessary.

**Tramadol ER 150mg qty:30.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain persisted over time while on Tramadol with Norco and Naproxen. Pain score reduction attributed to Tramadol is unknown. There was no mention of Tylenol or Tricyclic failure. Continued and chronic use of Tramadol is not medically necessary.

**Norco 10/325mg qty:120.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

**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 Norco for several months without information regarding reduction in pain scores with its use. There was no mention of Tylenol, Tricyclic or weaning failure. The continued and chronic use of Norco is not medically necessary.