

<b>Case Number:</b>	CM15-0175618		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/07/2015

### 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, Illinois

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 50 year old male, who sustained an industrial-work injury on 10-30-12. A review of the medical records indicates that the injured worker is undergoing treatment for wrist fracture distal end radius, closed wrist fracture triquetral bone, bilateral shoulder sprain and strain, and bilateral wrist and hand strain and sprain. Medical records dated (3-10-15 to 7-31-15) indicate that the injured worker complains of right upper extremity with elbow pain distal aching and bilateral hands and wrists with pain and discomfort. He reports he still has flare-ups with repetitive use of the hands and right wrist. The pain is reported to range from 0-8 out of 10 on pain scale depending on the activities. Per the treating physician report dated 7-31-15 the injured has not returned to work. The physical exam dated 7-31-15 reveals that there is some discomfort about the neck and right elbow. There is healing surgical scars about the right carpal tunnel and first dorsal compartment with pin exit sites evident. The injured worker guards his handshake and wears a thumb Spica splint. Treatment to date has included pain medication, right wrist surgery, Naproxen since at least 4-20-15, Norco since at least 4-20-15, physical therapy, acupuncture, bracing, and other modalities. The treating physician indicates in the medical record dated 7-31-15 that there is no evidence of abuse of medications or diversion. The request for authorization date was 7-31-15 and requested services included Norco 10-325 mg #30 and Naproxen 550 mg #60. The original Utilization review dated 9-2-15 non-certified the request for Norco 10-325 mg #30 as per the guidelines the documentation did not support functional benefit or improvements a reduction in work restrictions, increase in activity tolerance or reduction in the use of medications or medical services to date as a result of Norco use. Therefore, the request is not medically necessary but recommend taper. The request for Naproxen 550 mg

#60 is non-certified as per the guidelines there is no recent documentation of pain. The documentation did not support functional benefit or improvements a reduction in work restrictions, increase in activity tolerance or reduction in the use of medications or medical services to date as a result of the use of Naproxen. Therefore, the request is not medically necessary.

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

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

**Norco 10/325 mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The injured worker sustained a work related injury on 10-30-12. The injured worker has been diagnosed of wrist fracture distal end radius, closed wrist fracture triquetral bone, bilateral shoulder sprain and strain, and bilateral wrist and hand strain and sprain. Treatments have included surgery, oral medications, and physical therapy. The medical records provided for review do not indicate a medical necessity for Norco 10/325 mg #30. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. The MTUS recommends discontinuation of opioid treatment If there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. It is not clear from the records reviewed who long the injured worker has been on opioids; however, the request is for continuation of Norco; but there was no documentation of the monitoring of previous usage. The records lacked information on monitoring of pain control ( using the guidelines recommended by the MTUS), adverse effects, and monitoring for aberrant behavior.

**Naproxen 550 mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The injured worker sustained a work related injury on 10-30-12. The injured worker has been diagnosed of wrist fracture distal end radius, closed wrist fracture triquetral bone, bilateral shoulder sprain and strain, and bilateral wrist and hand strain and sprain. Treatments have included surgery, oral medications, and physical therapy. The

medical records provided for review do not indicate a medical necessity for Naproxen 550 mg #60. Naproxen is an NSAID. The MTUS recommends the use of the lowest dose of NSAIDs for the shortest period in patients with moderate to severe pain. Although the medical records indicate the injured worker was doing well with this medication, the records do not indicate how long the injured worker has been using this medication; neither was there a documentation of monitoring for blood count, liver and Kidney functions, as is recommended by the MTUS. The requested treatment is not medically necessary.