

<b>Case Number:</b>	CM15-0021553		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	08/25/2010
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 45-year-old male, with a reported date of injury of 06/25/2010. The diagnoses include right arm pain, right carpal tunnel syndrome, status post right suave kapunji, and right thoracic outlet syndrome. Treatments to date have included a computerized tomography (CT) scan of the right upper extremity on 07/02/2014; electrodiagnostic studies of the upper extremities on 07/28/2014 which showed mild right median compression neuropathy at the wrist or mild carpal tunnel syndrome; oral medications; and home exercise program. The progress report dated 12/19/2014 was handwritten and somewhat illegible. The report indicates that the injured worker complained of right wrist pain. The pain was rated 5-6 out of 10. The objective findings include tenderness to palpation of the right wrist, decreased range motion of the right wrist with increased pain in all planes, and positive Tinel/Phalen's test. The injured worker rated his pain 3 out of 10 with medications, and 8 out of 10 without medications. The duration of pain relief was four hours. The functional benefits of the medications include ability to perform activities of daily living, improved participation in home exercise program, improved sleep pattern, and improved participation in therapy program. The progress report dated 10/29/2014 indicates that the injured worker's pain with medications was rated 5 out of 10 and 6-7 out of 10 without medications. His current pain rating was 5-6 out of 10. The treating physician requested Norco 7.5/325mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents on 12/09/14 with pain in the right wrist rated 3/10 with medications, 8/10 without. The progress note is handwritten and largely illegible. The patient's date of injury is 06/25/10. Patient is status post suave Kapandji procedure to the right wrist at a date unspecified. The request is for NORCO 7.5/325 MG (QUANTITY UNSPECIFIED). The RFA is dated 02/09/14 reveals tenderness to palpation of the right wrist, decreased wrist range of motion in all planes, and positive Tinel's and Phalen's signs. Physical examination dated 07/02/14, significant findings include: "Postsurgical changes of distal ulnar osteotomy and fusion of the distal radial ulnar joint appear appropriate. Old un-united ulnar syloid fracture." The patient is currently prescribed Norco and Anaprox. Diagnostic imaging was not included. Per 12/09/14 progress note, patient is advised to return to modified work ASAP. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the continuation of Norco for the management of this patient's intractable pain, the request is appropriate. Progress report date 12/09/14 reports a percent reduction in pain from 8/10 to 3/10 attributed to medications, and provides specific functional improvements. The note states that this patient's medications allow him to participate in home exercise program, and improves his sleep patterns. A lack of aberrant behavior or adverse effects is noted, and a consistent urine drug screen, dated 07/22/14 was provided. Given the documentation of pain relief, functional improvement, consistent UDS, and a lack of aberrant behaviors or adverse effects as specified by MTUS continuation of this medication is appropriate. The request IS medically necessary.