

<b>Case Number:</b>	CM15-0065016		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	04/01/2011
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: New Jersey

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 44-year-old female who sustained an industrial injury on 4/1/11. The injured worker reported symptoms in the bilateral wrists. The injured worker was diagnosed as having neck pain, chronic left shoulder pain, status post left arthroscopic surgery (8/27/12), chronic right shoulder pain, bilateral carpal tunnel release (January 2010), right ulnar nerve release and right thumb surgery (January 2012), depression and De Quervain's disease bilaterally. Treatments to date have included oral pain medication, selective serotonin reuptake inhibitor, activity modification, and physical therapy. Currently, the injured worker complains of bilateral wrist discomfort. The plan of care was for medication prescriptions, including Norco, and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Trazodone.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there is a documented general report of pain reduction and increased function from medication use, including Norco. However, since her most recent surgery, she was recommended to increase her use of Norco 10/325 mg from 4 a day to 6 a day, but this dose and frequency has been used for months leading up to this request and would not be considered temporary anymore, as was intended by the provider. Also, the surgeon prescribed Percocet to be used in conjunction with the Norco, and it is unclear if this medication is still being used and how much. The risk for acetaminophen toxicity is higher with around the clock use of Norco and Percocet and it is not appropriate to have more than one provider prescribing opiates at the same time. At this point, if the worker is experiencing a permanent increase in pain, it would be more appropriate to change to a long-acting opioid without acetaminophen (from one provider). Therefore, the current request for Norco 10/325 mg, #240 is not medically necessary.