

<b>Case Number:</b>	CM15-0066039		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	06/26/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: 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 36 year old male who sustained an industrial injury on 6/26/2014. His diagnoses, and/or impressions, include: right wrist pain; neuropathic right wrist pain; and "CRPS" type 1. No current magnetic resonance imaging studies are noted. His treatments have included right first dorsal compartment release and volar wrist ganglion cyst excision surgery (11/2014), with deep vein thrombosis compression sleeves; pre-surgical physical therapy; Spica thumb brace; and medication management. The progress notes of 12/12/2014 noted complaints that included severe right wrist pain with numbness and swelling in the right wrist and thumb, 4 weeks post-operation; and the need for post-surgical physical therapy. The 2/3/2015 progress notes show continued right wrist pain with swelling, improved with medications. The physician's requests for treatments included Norco for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

**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 was injured on 06/26/2014 and presents with swelling in the right lateral wrist and thenar region. The request is for NORCO 10/325 mg #120. The RFA is dated 02/04/2015 and the patient is to remain off of work, as of the 02/03/2015 report. The patient has been taking Norco as early as 08/08/2014. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, Criteria for use of opiates for long-term users of opiates (6 months or more) states, 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 criteria for use of opiates, ongoing management also requires documentation of the 4 A's (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 for work, and duration of pain relief. MTUS page 90 also continues to state that the maximum dose of hydrocodone is 60 mg per day. The 11/17/2014 report states the patient rates his pain as an 8/10 without medications and with Norco, his pain goes down to a 4-5/10 and is more tolerable. The 12/31/2014 report indicates that the patient rates his pain as a 9/10 without medications and a 7/10 with medications. The 02/03/2015 report states that the patient rates his pain as a 9/10 without medications and a 7/10 with medications. Although the treater provides before and after medication pain scales, not all 4 A's are addressed as required by MTUS Guidelines. There is no discussion regarding any side effects/aberrant behavior the patient may have and there are no specific examples of ADLs which demonstrate medication efficacy. No validated instruments are used either. There is no documentation of any pain contract the patient may have on file, nor of any urine drug screen that was conducted to show if the patient was compliant with his prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.