

<b>Case Number:</b>	CM15-0067775		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	09/02/2013
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 47-year-old female, with a reported date of injury of 09/02/2013. The diagnoses include carpal tunnel syndrome, occupational bursitis, and status post right wrist surgery. Treatments to date have included right endoscopic carpal tunnel release, occupational therapy, cortisone injection in the right wrist, Norco, Ibuprofen, Skelaxin, Flexeril, Omeprazole, LidoPro cream, home exercise program, physical therapy, and transcutaneous electrical nerve stimulation (TENS) unit. The progress report dated 03/19/2015 indicates that the injured worker complained of right wrist pain. She stated that she had constant achiness in the right wrist, although the numbness and tingling had improved. The pain radiates the right elbow with tenderness. The pain decreased to 6 out of 10 with medications, and increases to 10 out of 10 without the medications. It was also noted that the medications had improved her activities of daily living and functionality. It was documented that the CURES report indicated that the injured worker was complaint with the current pain medication regimen. The objective findings include tenderness to palpation, abnormal reflexes, a normal gait, and an unequal grip in the right hand. The injured worker is currently unemployed. The treating physician requested Norco 10/325mg #20 for severe right wrist pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.