

<b>Case Number:</b>	CM15-0076655		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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 39 year old male, who sustained an industrial injury on 8/30/2013. He reported being involved in an altercation resulting in a fractured right hand and cumulative trauma to the back. He is status post three surgical intervention to the right hand. Diagnoses include right hand pain, status post repair of nonunion osteotomy and hardware removal, degenerative disc disease and facet arthropathy. Treatments to date include medication therapy and physical therapy. Currently, he complained of right hand pain, mid and low back pain. On 4/2/15, the physical examination documented no new acute findings. The records indicated a fourth hand surgery was scheduled for hardware removal and joint capsular release. The plan of care included medication therapy.

### 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 Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Hydrocodone Page(s): 76-78, 88-90.

**Decision rationale:** Based on the 04/02/15 progress report provided by treating physician, the patient presents with right hand pain rated 4/10 with and 8/10 without medications, and back pain. Patient is status post 3 surgical interventions to the right hand January 2007, 04/03/14, and 05/22/14. Patient had a plate fracture, which complicated his condition necessitating aforementioned surgeries, and is expecting to undergo a 4th surgery. The request is for Norco 10/325MG #120. Patient's diagnosis per Request for Authorization form dated 04/15/15 includes spinal lumbar degenerative disc disease, and hand pain. The patient wears a splint in right hand. Treatments to date include physical therapy and medications. Patient medications include Norco, MS Contin, Duragesic patch and Ambien. The patient is temporarily totally disabled, and may work modified-duty part-time, per 04/02/15 treater report. MTUS Guidelines pages 88 and 89 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 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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient medications, per treater reports dated 06/17/14, 12/11/14, and 04/02/15. Per 04/02/15 progress report, treater states, "the patient is stable on current medication regimen. Function and activities of daily living improved optimally on current doses of medications. Pain agreement briefly reviewed with the patient...The patient states he is taking his medications as prescribed." The patient denies side effects. Treater continues to state the patient "had multiple surgeries and without use of medication his pain level is severe and not tolerable." However, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. Treater has provided general statements and discussed pain relief; but there are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. Treater mentioned no side effects and prescription compliance; but no UDS's or CURES reports were mentioned. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.