

<b>Case Number:</b>	CM15-0094801		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	11/21/2012
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 64 year old male who sustained an industrial injury on 11/21/2012 resulting in fracture of the right wrist. Treatment provided to date has included: failed medications (NSAIDs, and Celebrex); conservative care; physical therapy (12 sessions); and right wrist surgery. No diagnostic testing was submitted. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 04/23/2015, physician progress report noted complaints of overly sensitive right hand and wrist pain. Pain is rated as 5 (1-10). Current medications include hydrocodone, tramadol ER, naproxen and pantoprazole. The physical exam revealed wrist dorsal aspect of wrist at Triangular fibrocartilage complex (TFCC), hyperalgesia hyperesthesia from 5 cm proximal to wrist distally, Jamar right 5/10/5, Jamar left 20/25/20, slightly decreased temperature in the right distal upper extremity verses the left, and intact and symmetrical pulses. The provider noted diagnoses of rule out right wrist TFCC tear/ tendinopathy, and rule out early sympathetically maintained pain syndrome of the right upper extremity. Other noted diagnoses include status post right wrist fracture with open reduction internal fixation, status post removal of hardware from the right wrist, post-traumatic de Quervain's tenosynovitis, and post-traumatic Dupuytren contracture. The injured worker's work status remained temporarily partially disabled. Plan of care includes a MRI of the right wrist, continued medications (hydrocodone, tramadol ER, naproxen and pantoprazole), EMG/NVS of the upper extremities, and topical NSAID. Requested treatments include: hydrocodone 10/325mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen, (APAP) Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of opioid. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Hydrocodone 10/325mg #60 is not medically necessary.