

<b>Case Number:</b>	CM13-0058151		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/03/2011
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 33-year-old male who reported injury on 06/03/2011. The mechanism of injury was a fall. The diagnosis was reflex sympathetic dystrophy of the upper limb, carpal tunnel syndrome, lesion of the ulnar nerve, and other aftercare involving internal fixation device. The clinical documentation indicated the injured worker had been utilizing opiates since 02/2013. The documentation of 10/29/2013 revealed the injured worker had the same symptoms. The request was made for Norco 10/325 mg twice a day #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10MG #60 WITH 1 REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain, as well as evidence the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured

worker had been utilizing the medication since 02/2013. There was a lack of documentation of objective functional improvement, objective decrease in pain, documentation the injured worker was being monitored for aberrant drug behavior, and side effects. The request as submitted failed to indicate the frequency. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. Given the above, the request for Norco 10 mg #60 with 1 refill is not medically necessary.