

<b>Case Number:</b>	CM13-0067844		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/28/2010
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Orthopedic Surgery and is licensed to practice in California. 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 records indicate the claimant is a 57-year-old female with a reported injury date of April 28, 2010. The claimant was previously treated for carpal tunnel syndrome, and the claimant has also reported low back pain and right knee symptoms. The claimant is reported to have lumbar degenerative disease and facet osteoarthritis and a history of lumbar strain and right knee sprain. The claimant has been treated with hydrocodone/acetaminophen, and the current request is for an additional 120 tablets of Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 tablets of Norco 10/325 mg between 11/8/2013 and 1/7/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 76-78.

**Decision rationale:** The request for Norco cannot be recommended as medically necessary based on the information reviewed. Though records suggest the claimant has a "pain syndrome," there is no clear objective evidence of a complex regional pain syndrome or other sympathetically mediated pain syndrome. Specifically, there is no indication that the claimant

has extremity findings of swelling, edema, alterations in skin temperature or color, texture, hyperpathia, or allodynia. The claimant does not appear to have other diagnoses that would warrant chronic treatment with narcotics. There is no documentation of significant functional improvement with the claimant's previous narcotic regimen, and records instead simply suggest that the claimant is not experiencing side effects. The claimant was bypassed for a urine drug screen on 10/10/13 as it was documented that "she does not currently have to urinate." Overall, the records simply fail to document sufficient pathology to warrant narcotics or the appropriate "4 A's" of monitoring for opioid use as required by California MTUS Chronic Pain 2009 Guidelines. The request, therefore, is not supported based on the information reviewed and Chronic Pain Guidelines regarding opiate treatment and monitoring.