

<b>Case Number:</b>	CM14-0009962		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	02/14/2012
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 and Rehabilitation 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 injured worker is a 54-year-old male who reported an injury on 02/14/2012 due to a fall. The injured worker reportedly sustained an injury to the low back and bilateral upper extremities. The injured worker's treatment history included medications, physical therapy, and activity modifications. The injured worker was evaluated on 12/10/2013. Physical findings included restricted range of motion of the lumbar spine with back spasming. Evaluation of the left wrist documented range of motion as 70 degrees in flexion and 70 degrees in extension with a positive Phalen's sign bilaterally. It is noted in the documentation that the injured worker's urine toxicology report was positive for tramadol; however, the injured worker was not prescribed that medication and was prescribed Norco. The injured worker's treatment plan included a right carpal tunnel release and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

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

**Decision rationale:** The Chronic Pain Guidelines recommend that the ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for abnormal behavior. The clinical documentation submitted for review does indicate that the injured worker is monitored for abnormal behavior. However, there is no documentation of a quantitative pain assessment or evidence of functional benefit to support continued use of this medication. Furthermore, the request as it is submitted does not clearly identify a dosage, quantity, or frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco is not medically necessary or appropriate.