

<b>Case Number:</b>	CM14-0015139		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	07/06/2001
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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:

This 64 year-old patient sustained an injury on 7/6/2001 while employed by [REDACTED]. Request under consideration include Norco (Hydrocodone/APAP) 7.5/325mg #60. Report of 12/20/13 from the provider noted the patient had injury to the left index, thumb, wrist, and shoulder with diagnoses of left cubital tunnel syndrome, bilateral CTS, and left shoulder impingement syndrome. The patient is s/p left cubital tunnel release and right arthroscopic shoulder surgical decompression (undated). The patient continues to treat for chronic pain symptoms. Conservative care has included medications, acupuncture, therapy, and TENS unit. Medications list Cyclobenzaprine, Norco, Zolpidem, and Terocin compound cream. Report noted left hand pain and numbness with work aggravating his symptoms; right shoulder, left wrist and elbow pain with numbness and tingling radiating to hands. Exam showed limited shoulder range; positive impingement sign; tenderness at elbow and left wrist; decreased sensation in first three digits of left hand; with normal motor strength and reflexes in the upper extremity. The request for Norco was modified to allow for weaning purposes on 1/17/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO (HYDROCODONE/APAP) 7.5/325MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2013, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status for this chronic 2001 injury. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Norco (Hydrocodone/APAP) 7.5/325mg #60 is not medically necessary and appropriate.