

<b>Case Number:</b>	CM14-0018288		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	07/31/2001
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Pain Medicine, and is licensed to practice in Texas and Ohio. 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 53-year-old male who reported an injury on 02/28/2012. The mechanism of injury was not stated. Current diagnoses include neck pain, bilateral upper extremity repetitive injury, bilateral shoulder tendonitis, bilateral shoulder impingement, bilateral wrist tendonitis, bilateral DeQuervain's, bilateral medial epicondylitis, bilateral carpal tunnel syndrome and bilateral cubital tunnel syndrome. The injured worker was evaluated on 01/14/2014. The injured worker reported persistent pain in the bilateral upper extremities. Physical examination revealed tenderness to palpation of the bilateral wrists, bilateral medial epicondyles and bilateral shoulders. The injured worker also demonstrated restricted range of motion of the bilateral upper extremities, positive impingement testing and 5/5 motor strength. Treatment recommendations at that time included the continuation of current medications. A Request for Authorization was then submitted on 01/24/2014 for an H-wave homecare system for 3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID, ON-GOING MANAGEMENT Page(s): 74-80.

**Decision rationale:** The request for Norco 10/325mg is not medically necessary. The injured worker reportedly has a history of chronic back pain radiating to both legs, bilateral knee pain and bilateral numbness and tingling to his wrists. The CA MTUS Guidelines states opioids appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks) but also appears limited. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines note a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Based on the documentation provided for review, the injured worker is on narcotic contract with their physician's office and urine drug screens have been appropriate. The injured worker reportedly stated the medication is "helpful" although there is no documentation showing evidence of decrease in pain over the course of treatment. The clinical notes show the injured worker has been taking Norco since approximately 01/2013 and he reportedly indicated a 50% functional improvement; however, there is a lack of documentation indicating the injured worker significant quantifiable objective functional improvement with the medication. The requesting physician did not include an adequate and complete assessment of the injured workers pain. Therefore, the request for Norco 10/325mg is not medically necessary.