

<b>Case Number:</b>	CM14-0112765		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Orthopedic Surgeon, has a subspecialty in Hand Surgery, and is licensed to practice in Texas. 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 61-year-old who reported an injury on May 1, 2013. The mechanism of injury was not provided. The injured worker's medications included naproxen and Motrin 800 mg. The diagnostic studies were not provided. The diagnoses included other injury of elbow, forearm, and wrist. Prior treatments included physical therapy, an injection, and acupuncture. The diagnoses included left elbow lateral epicondylitis with extensor tendinopathy. The documentation of April 4, 2014 revealed the injured worker had an injection at the last visit. The injection provided temporary pain relief. The objective findings revealed left lateral epicondyle tenderness. The objective findings revealed left lateral epicondyle tenderness and with resisted wrist-finger extension testing the injured worker had left lateral elbow pain. The injured worker had 4/5 left wrist extension on manual resistance testing. The injured worker had no joint crepitus. The injured worker had a negative Tinel's sign. The treatment plan included the physician opined that the injured worker was a reasonable candidate for surgical treatment and an MRI was reasonable as a preoperative examination. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain Page(s): 60.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend opiates for the treatment of chronic pain. The clinical documentation submitted for review indicated the request was for postoperative pain medication. However, as the surgical intervention was found to be not medically necessary, the request for postoperative Norco would not be medically necessary. Additionally, the request as submitted failed to indicate the frequency for the requested medication. The request for Norco 10/325 mg, sixty count is not medically necessary or appropriate.