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| <b>Case Number:</b>   | CM14-0122478 |                              |            |
| <b>Date Assigned:</b> | 08/08/2014   | <b>Date of Injury:</b>       | 07/20/2013 |
| <b>Decision Date:</b> | 10/16/2014   | <b>UR Denial Date:</b>       | 07/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/30/2014 |

### 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 Nevada. 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 presented for review indicate that this 51-year-old gentleman was reportedly injured on July 20, 2013. The most recent progress note, dated May 8, 2014, indicates that there were ongoing complaints of right elbow pain. The injured employee has a history of right lateral epicondylitis and right radial tunnel syndrome. The physical examination demonstrated a well healed incision without evidence of infection. There was a mild flexion contracture and diffuse tenderness throughout the right elbow and forearm. It was stated that the injured employee needed additional physical therapy. Diagnostic imaging studies were not available. Previous treatment includes elbow surgery. A request had been made for Norco 10/325 and was not certified in the pre-authorization process on July 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg for right elbow # 150 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127..

**Decision rationale:** Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) and the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has pain after a work-related and subsequent surgery; however, there is no objective clinical documentation of improvement in their pain or ability to function with the current regimen. As such, this request for Norco 10/325 is not medically necessary.