

<b>Case Number:</b>	CM14-0127783		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	01/16/1997
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Family Medicine 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 56 year old female with reported cumulative traumatic injuries on 01/16/1997 as a result of repetitive administrative activities. The injured worker was status post bilateral first dorsal compartment releases. The right was performed in 1993 and the left in 1999. She developed recurrent symptoms and bilateral carpal tunnel syndrome on physical examination dated 04/15/14 she was noted to have essentially normal range of motion of both the right left wrists provocative testing was negative with exception of positive carpal tunnel compression test bilaterally. There was no further documentation provided for review. The initial request for Norco 10/325 mg 3x day #90 was non-certified on 07/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg 3x day #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Hydrocodone Page(s): 91-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of

ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Norco 10/325 mg 3x day #90 cannot be recommended as medically necessary at this time.