

<b>Case Number:</b>	CM14-0152075		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	11/15/2003
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Occupational Medicine 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:

This injured worker is a 52 year old woman involved in a work related injury from 11/15/03. The injured worker apparently sustained a wrist injury. There are a series of illegible treatment notes from the treating physician submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 2.5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Goodman Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, website Physician's Desk Reference, 68th ed. [www.RxList.com](http://www.RxList.com), website Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, [www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm), website [drugs.com](http://drugs.com), website Epocrates Online, [www.online.epocrates.com](http://www.online.epocrates.com), website Monthly Prescribing Reference, [www.empr.com](http://www.empr.com), and website AMDD Agency Medical Directors' Group Dose Calculator, [www.agencymeddirectors.wa.gov](http://www.agencymeddirectors.wa.gov).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** The notes submitted for review are illegible. There is a request for an opiate analgesic drug. It is not clear if this is an initial request. If so, it is not clear whether or not the injured worker was able to have adequate pain relief from a non-opiate analgesic or if an adequate trial of pain relief had been conducted. If this is a continuation, I have no documentation of the "4 A's" of opiate usage. The criteria for use of opioids section states, the 4 A's for ongoing monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors); use of drug screening or injured worker treatment with issues of abuse, addiction, or poor pain control; documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion); Continuing review of overall situation with regard to non-opioid means of pain control. Therefore, the requested service under review is not medically necessary.