

<b>Case Number:</b>	CM14-0168856		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	02/01/2003
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 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:

There were 249 pages for this review. The request for independent review was the Norco 10/325 mg 2 PO every 6 hours #240, which was modified to Norco 10/325 mg 2 PO every 6 hours #120 for weaning purposes. The review request was signed on 10-10-14. Per the records provided, this 51 year old female was injured in 2003 allegedly from cumulative trauma. The diagnosis was carpal tunnel syndrome. She had a release in 2005; she has had chronic pain ever since. The functional improvement out of the use of the Norco was not clear. As of 6-4-14, the right hand pain radiated to the right shoulder that was burning at 7/10. She ailed Dilaudid, Neurontin and Lyrica. Current medicines were Baclofen, Diazepam, Citalopram, Lidoderm patch, Methadone, Norco, vitamins, Temazepam and Valium. She was diagnosed with CRPS of the upper extremity. She reportedly had nerve damage out of the release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 61, 78, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 9792.26 Page(s): 88 OF 127.

**Decision rationale:** In regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The MTUS sets a high bar for effectiveness of continued or ongoing medical care in "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. With this proposed treatment, there is no clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical examination, or a reduction in the dependency on continued medical treatment. The decision to wean in the earlier review, and not approve the full amount of Norco, was appropriate. The request for Norco 10/325mg #240 is not medically necessary.