

<b>Case Number:</b>	CM14-0178273		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	03/20/2012
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 56-year-old male with a 3/20/12 date of injury. The patient sustained an industrial injury to his groin and right elbow that resulted from lifting and bumping his elbow on a scaffold. According to a progress report dated 9/4/14, the patient reported that his pain level has remained unchanged since his last visit. He rated his pain with medications as 4 and pain without medications as 8. His activity level has remained the same. Objective findings: tenderness to palpation noted over the medial epicondyle, tenderness to palpation over radial side and ulnar side of right wrist, hyperesthesia present over groin on the right side. Diagnostic impression: elbow pain, hand pain, wrist pain, hernia not elsewhere classified. Treatment to date: medication management, activity modification, occupational therapy, nerve blocks, iliolumbar injections, surgery. A UR decision dated 10/15/14 denied the request for Norco. There was no documentation of clinical efficacy as demonstrated by reduction in VAS pain scores and improved tolerance to specified activities. There was no documentation of absence of aberrancy with copies of a UDS report for review and a current CURES report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, QTY: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76, 77, 78, 43, 86, 91,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (web; updated 10/6/14), Opioids for Chronic Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Opiates Page(s): 78-81.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the present case, the patient stated that his pain level has remained unchanged since his last visit and his activity level has been the same, despite Norco use. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, given the 2012 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Norco 10/325 mg, QTY: 90 was not medically necessary.