

<b>Case Number:</b>	CM14-0183008		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	02/16/2012
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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:

This case involves a female injured worker with date of injury 2/16/2012. Per primary treating physician's progress report dated 10/8/2014, the injured worker complains of bilateral hand pain. She rates her pain at 7/10. She also complains of bilateral shoulder and neck pain and rates this pain at 8/10. She is not working and denies any new injuries or accidents since her last office visit. On examination JAMAR grip dynamometer strength is 12/14/16 kg on the right and 12/18/16 kg on the left. There is tenderness at the base of the occiput and right trapezius with spasm. Tenderness is also noted over the anterior aspect of the right shoulder and right SC joint. There is tenderness over the medial aspect of the elbows bilaterally. Active range of motion of the bilateral shoulder is reduced, right worse than left. Tinel's and Phalen's are positive for the right wrist. Tinel's over the cubital tunnels bilaterally are positive. Normal sensation is noted in the left median nerve with a grade 4/5 sensory deficit in the right median nerve. Diagnoses include herniated nucleus pulposus of the cervical spine; status post right shoulder subacromial decompression and distal clavicle resection, 1/2013; status post right carpal tunnel release; left carpal tunnel syndrome; bilateral ulnar neuritis; and status post left carpal tunnel release, 4/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**100 tables of Norco 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95; 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The requesting physician reports that urine drug screen on 9/15/2014 did not detect hydrocodone, which is inconsistent with the prescribed medication. The injured worker reports that she does not utilize Norco on a daily basis. This explanation is considered by the adequate by the requesting physician. There is no evidence that the requesting physician did any further investigation into the possibility of aberrant drug behavior. The amount of medication actually being utilized by the injured worker is not addressed. The efficacy of Norco is not addressed in terms of objective functional improvement, report of pain reduction, or report of improved quality of life. There is no discussion regarding the necessity of Norco or goal for reduced opioid pain medication use. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. Therefore, this request is not medically necessary.