

<b>Case Number:</b>	CM14-0028218		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/16/2005
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in California and Washington. 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 63-year old-male who reported injury to the elbow, low back, and shoulder on 02/17/2005 of unknown mechanism. The injured worker complained of pain to his back and left elbow. On 11/13/2013 physical examination stated the left elbow was unchanged from last visit, it was tender to palpation and his back had some upper lumbar and thoracic kyphosis, some scoliosis, mildly tender to palpation over the thoracic and lumbar midline spine area, and normal strengths to lower extremities. There were no diagnostics for review. He had diagnoses of olecranon bursitis, bilateral lateral epicondylitis, and lumbar degenerative disk disease with chronic pain, right shoulder derangement, suspect impingement, and lumbar thoracic kyphoscoliosis, which may not be related to his current work comp complaints. There was no documentation of any past conservative measures or treatments other than pain medication. The treatment plan is for Norco 10/325mg #180, take 1 every 4 hours as needed with 1 refill. The request for authorization was not submitted for review. There is no rationale for the request for Norco 10/325mg #180, take 1 every 4 hours as needed with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MED NORCO 10/325MG #180 1Q4HPRN WITH 1 REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80,124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (On-Going Management) Page(s): 78.

**Decision rationale:** The request for Norco 10/325mg #180, take 1 every 4 hours as needed with 1 refill is not medically necessary. The injured worker complained of pain to his back and left elbow. There was no documentation of any past conservative measures or treatments other than pain medication. CA MTUS chronic pain medical treatment guidelines for on-going management of opioids suggest that there be documentation of pain relief, functional status, appropriate medication use and side effects, a pain assessment that includes current pain, least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long relief lasts, that the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) be addressed, and the use of drug screening to monitor for misuse. There was only one clinical note provided and it did not address any of the above mentioned. Therefore, the request for Norco 10/325mg #180, take 1 every 4 hours as needed with 1 refill is not medically necessary.