

<b>Case Number:</b>	CM14-0031801		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/08/2011
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Orthopedic Surgery 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:

The records presented for review indicate that this 44 year old female was reportedly injured on 12/8/2011. The mechanism of injury is noted as her left hand getting pinched in a gate. The most recent progress note, dated 1/7/2014, indicates that there are ongoing complaints of chronic neck, bilateral shoulder, bilateral arm, bilateral elbow, and bilateral wrist and hand pain. The physical examination demonstrated cervical spine limited range of motion due to pain and stiffness. Bilateral upper extremities limited range of motion. Elbow full range of motion. Bilateral wrist/hand limited range of motion with pain/stiffness. No recent diagnostic studies are available for review. Previous treatment includes psychological referral, physical therapy and medications. A request was made for Norco 10/325 milligrams, and was not certified in the pre-authorization process on 1/31/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication Norco 10/325:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74-78.

**Decision rationale:** Norco (Hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. CA MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured employee has chronic neck and bilateral upper extremity pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request is not considered medically necessary.