

<b>Case Number:</b>	CM14-0038517		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/05/2007
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 is a 53-year-old female with a 1/5/07 date of injury. The mechanism of injury was not noted. In a 5/5/14 progress note, the patient complained of back soreness, more flexibility with having completed 4 physical therapy sessions, left knee sharp rubbing pain, difficulties sleeping, unable to get comfortable. Objective findings: scar of bilateral wrists and left thumb, limited range of motion (ROM), tenderness and pain, weakness of bilateral upper and lower extremities, lumbar spine pain and spasms. The diagnostic impressions included: status post-op bilateral CTR, status post-op trigger thumb release, lumbar spine sprain/strain with intermittent radiculopathy. Treatment to date included: medication management, activity modification, and physical therapy. A UR decision dated 3/13/14 denied the request for Norco. It does not appear long term use of this medication has been significantly beneficial for this patient. There does not appear to be significant functional improvement documented. Long term use of narcotic medication is not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Medication.

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

**Decision rationale:** The California 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. It is documented in several of the notes provided for review that the patient has function improvement and improved activities of daily living from the use of Norco. Specifically in a 6/18/14 note, the patient noted 50% improvement in pain levels and 50% improvement in function with her current medication regimen. She stated she is able to perform her activities of daily living. She noted improved ability to walk and stand for 40 minutes longer than without the use of medication and is able to perform her self-care needs. In addition, the patient denied any intolerable side effects. Furthermore, urine drug screens provided for review dated 3/24/14, 12/30/13, 9/13/13, 10/8/13, 7/16/13, 3/24/14, and 4/11/13 were consistent for the use of Norco. Therefore, the request for Norco 10/325 mg #180 was medically necessary.