

<b>Case Number:</b>	CM14-0059752		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/01/2003
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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, has a subspecialty in Pain Medicine 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 56-year-old female who reported an injury 10/01/2003. The mechanism of injury was not provided within the medical records. The clinical note dated 06/02/2014 indicated diagnoses of bilateral carpal tunnel syndrome right greater than left and complex regional pain syndrome upper extremities right greater than left. The injured worker reported that the current Norco schedule was helping. Braces are worn on both wrists by the employee. On physical examination, the employee pointed to the median distribution on the right hand as being the most intense. Prior treatments included diagnostic imaging and medication management. Medication regimen included Norco. The provider submitted a request for Norco. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, quantity 240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49,115,78-80, 80-81, 82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use Page(s): 91, 78.

**Decision rationale:** The California MTUS guidelines state that Norco is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In this case, there is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status and evaluation of risk for aberrant drug use behaviors and side effects. In addition, the request does not indicate a frequency for this medication. Moreover, the documentation submitted did not indicate when the employee was initially prescribed this medication. Therefore, the request for Norco 10/325 mg quantity 240 is not medically necessary and appropriate.