

<b>Case Number:</b>	CM14-0061621		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/12/2004
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 51 year-old individual was injured on 4/12/2004. The mechanism of injury is noted as cumulative/repetitive injury to the typing. The most recent progress note, dated 4/28/2014. Indicates that there are ongoing complaints of bilateral elbow pain. The physical examination demonstrated bilateral elbow: positive tenderness to palpation bilateral epicondyle's. No recent diagnostic studies are available for review. Previous treatment includes medications, previous surgery, and conservative treatment. A request had been made for Norco 10/325 mg #60 and was not certified in the pre-authorization process on 4/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #60, 1 - 2 A DAY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On Going Management Page(s): 68, 112. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter Not Specified.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** As noted in the MTUS this is for the short-term management of moderate to severe breakthrough pain. Furthermore, as outlined in the MTUS the treatment plan parameters outlined in the MTUS for chronic opioid use require noting if the diagnosis has changed, other medications being employed, if any attempt has been made to establish the efficacy of the medications and documentation of functional improvement. Furthermore, adverse effects have to be addressed. None of these parameters to continue this medication chronically have been measured. Therefore, the medical necessity is not established.