

<b>Case Number:</b>	CM14-0067000		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/13/2004
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Geriatrics and is licensed to practice in New York. 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 woman with a date of injury of 5/13/04. She was seen by her physician on 3/20/14 with complaints of pain in her neck, upper extremities, thumb, elbow and wrist. She showed decreased cervical range of motion with tenderness in her bilateral elbow, wrist and forearm area with a positive rotator cuff impingement of the shoulder and well healed surgical scar of the hand. Her diagnoses were cervica, right shoulder and bilateral wrist sprain/strain injury, history of multiple hand surgeries, repetitive strain injury and myofascial pain syndrome. She reported 'side effects from medicine' and stated that celebex and ultram were not 'that effective' and that she wanted hydrocodone as she tried this from her husband and it helped control her pain. She was also referred for evaluation for a functional restoration program. The physician did disclose financial interest in the particular center of referall as he was the medical director and founder. At issue in this review is the prescription for norco and referral for a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco quantity 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

**Decision rationale:** This injured worker has chronic neck and upper extremity pain with an injury sustained in 2004. Her medical course has included numerous diagnostic and treatment modalities including surgery and use of several medications including tramadol and NSAIDs. The MD visit of 3/14 fails to document why a narcotic is being prescribed in lieu of other medications or non-pharmacological measures other than that the worker had trialed her husband's opiod. The medical necessity of norco is not substantiated in the medical record. The request is not medically necessary and appropriate.

**Functional Restoration Program evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31, 2.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 7-10; 49.

**Decision rationale:** Functional Restoration Program were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. This injured worker has chronic pain but the records do not document significant functional loss or why this program is medically necessary over other non-pharmacologic and pharmacologic approaches to pain. The records do not support the medical necessity of a functional restoration program. The request is not medically necessary and appropriate.