

<b>Case Number:</b>	CM14-0077538		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/30/2008
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	04/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Emergency 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:

The injured worker is a 46 year-old female, who sustained an injury on September 30, 2008. The mechanism of injury is not noted. Diagnostics have included: December 19, 2013 EMG/NCV reported as showing bilateral carpal tunnel syndrome, ulnar neuropathy. Treatments have included: chiropractic, medications, bilateral carpal tunnel releases. The current diagnoses are: lumbago, s/p bilateral carpal tunnel releases, lumbar radiculopathy. The stated purpose of the request for Norco 7.5/325 mg. #60 with 1 Refill was to provide pain relief. The request for Norco 7.5/325 mg. #60 with 1 refill, was modified for QTY # 34, on April 25, 2014, citing a lack of documentation of derived functional improvement and recommended a weaning process. Per the report dated April 16, 2014, the treating physician noted complaints of pain to the back and right wrist along with weakness and atrophy of the right upper extremity and symptoms of gastritis. Exam findings included positive Phalen, Tinel and Finkelstein tests, atrophy of the right wrist and forearm muscles, cervical and thoracic tenderness and spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325 mg. #60 with 1 Refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management; Opioids for Chronic Pain Page(s): 78-80; 80-82.

**Decision rationale:** The requested Norco 7.5/325 mg. #60 with 1 Refill, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-82, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain to the back and right wrist along with weakness and atrophy of the right upper extremity and symptoms of gastritis. The treating physician has documented positive Phalen, Tinel and Finkelstein tests, atrophy of the right wrist and forearm muscles, cervical and thoracic tenderness and spasm. The treating physician has not duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 7.5/325 mg. #60 with 1 Refill is not medically necessary.