

<b>Case Number:</b>	CM14-0114065		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	06/27/2012
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	07/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

### 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 36 year old female sustained a work related injury on 06/27/2012. According to a consultation note dated 04/09/2014, the injured worker complained of pain in the left side of the neck and left hand. Physical therapy, injections, pain management, acupuncture, gentle exercise, stretching, changing positions, use of cold/heat, use of ointments/patches, hot bath/shower and massages did not help alleviate her pain symptoms. Prescribed medications, muscle stimulator and rest gave temporary relief. Medications included Gabapentin, Hydrocodone and Omeprazole. Diagnoses included left carpal tunnel syndrome, left de Quervain's and cervical spine stiffness. According to a progress report dated 05/06/2014, the injured worker remained temporarily totally disabled. On 07/12/2014, Utilization Review non-certified Norco 10/325 #90. According to the Utilization Review physician, it was not clear that the injured worker was receiving benefit from Norco. Guidelines cited for this review included California MTUS Chronic Pain Medical Treatment Guidelines, Opioids. The decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence found in the documents provided that this full review regarding the Norco use was completed, including a report of direct and long-term positive functional benefits (measurable) related to the chronic Norco use. Therefore, the Norco will be considered medically unnecessary without this evidence of benefit.