

<b>Case Number:</b>	CM14-0160388		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	03/31/2008
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist, hand, and elbow pain reportedly associated with an industrial injury of March 31, 2008. In a Utilization Review Report dated September 22, 2014, the claims administrator partially approved a request for Norco, reportedly for weaning purposes. The claims administrator referenced a September 14, 2014 RFA form and in its determination. The applicant's attorney subsequently appealed. In a progress note dated September 26, 2014, the applicant reported persistent complaints of elbow, hand, and wrist pain, 5 to 6/10 with medications versus 9/10 without medications. Burning pain and paresthesias were evident. The applicant stated that Neurontin and Topamax had generated depressive symptoms, which Motrin had caused GERD and that Aleve did not help. The applicant was asked to continue Norco, start Cymbalta, and start Mobic. The applicant was kept off of work, on total temporary disability. In an earlier progress note dated March 28, 2014, the applicant acknowledged that she was unable to perform hobbies such as sewing, knitting, bike riding, gardening, and road trips owing to her various chronic pain complaints. The applicant was using Vicodin/Norco, Amaryl, Lasix, Norvasc, Prozac, Onglyza, Singulair, Losartan, Ativan, Lidoderm, marijuana, calcium, and potassium.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids topic; When to Continue Opioids topic Page(s): 79; 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, on total temporary disability as of September 26, 2014. While the attending provider did recount some reduction in pain scores archived as a result of ongoing Norco consumption on September 26, 2014, these are, however, outweighed by the applicant's failure to return to work and the attending provider's continued commentary to the effect that the applicant was still having difficulty performing activities of daily living as basic as sewing, knitting, bike riding, gardening, gripping, and grasping as of the March 28, 2014 comprehensive consultative report, at which point the applicant was previously described as using Norco. It is further noted that page 79 of the MTUS Chronic Pain Medical Treatment Guidelines also suggests immediate discontinuation of opioids in applicants who are concurrently using illicit substances. Here, the applicant was/is concurrently using marijuana, an illicit substance; it was acknowledged on comprehensive consultation dated March 28, 2014. Given all of the foregoing, discontinuing Norco appears to be a more appropriate option than continuing the same. Therefore, the request was not medically necessary.