

<b>Case Number:</b>	CM14-0182401		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	10/15/2007
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for carpal tunnel syndrome and bilateral upper extremity pain reportedly associated with an industrial injury of October 15, 2007. In a Utilization Review Report dated October 17, 2014, the claims administrator failed to approve a request for Norco. The claims administrator stated that its decision was based on an October 13, 2014 progress note. In a May 27, 2014 progress note, the applicant reported ongoing complaints of bilateral hand pain reportedly attributed to cumulative trauma at work. The applicant was returned to regular duty work. Norco was apparently renewed. There was no explicit discussion of medication efficacy. No other progress notes were incorporated into the Independent Medical Review packet, including the October 13, 2014 progress note at issue.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG 1 Tab By Mouth Every 3-6 Hours As Needed #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 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. In this case, however, it is not clear whether the applicant was working on or around the date of the request, September 13, 2014. While the applicant was returned to regular duty work on paper on an earlier progress note of May 27, 2014, it was unclear whether the applicant was or was not working as a custodian. The attending provider's handwritten progress note of May 20, 2014 did not incorporate any explicit discussion of medication efficacy. The attending provider did not outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

**Norco 10/325 MG 1 Tab By Mouth Every 3-6 Hours As Needed #60 Refill After 10-27-14:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 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, however, the September 13, 2014 progress note on which the article in question was sought was not incorporated into the Independent Medical Review report. It is not clear whether the applicant was in fact working or not on or around the date in question. The attending provider handwritten May 27, 2014 progress note did not incorporate any explicit discussion of medication efficacy. The attending provider failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage. Therefore, the request for further usage of Norco, going forward, is not medically necessary.