

<b>Case Number:</b>	CM14-0187371		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	01/06/2012
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 59 year-old male, who sustained an injury on January 6, 2012. The mechanism of injury is not noted. Diagnostics have included: October 23, 2012 EMG/NCV reported as showing bilateral carpal tunnel syndrome. Treatments have included: right elbow surgery, physical therapy, medications, stellate ganglion block. The current diagnoses are: right ulnar nerve lesion, carpal tunnel syndrome, right shoulder tendonitis. The stated purpose of the request for Norco 7.5/325mg #90 was for pain. The request for Norco 7.5/325mg #90 was denied on November 3, 2014, citing a lack of documentation of functional improvement nor drug screen results. Per the report dated October 23, 2014, the treating physician noted complaints of right upper extremity pain. Exam findings included decreased right C8 sensation, decreased right upper extremity range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Classifications Page(s): 75.

**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 7.5/325mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, 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 right upper extremity pain and numbness. The treating physician has documented decreased right C8 sensation, decreased right upper extremity range of motion. The treating physician has not documented VAS pain quantification with and without medications, 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 7.5/325mg #90 is not medically necessary.