

<b>Case Number:</b>	CM14-0207997		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Family Practice, has a subspecialty in ENTER SUBSPECIALTY and is licensed to practice in North Carolina. 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 claimant had a date of injury of 1-9-2013. Diagnoses include brachial neuritis, rotator cuff syndrome and lateral epicondylitis. Prior treatment has included right elbow surgery and right shoulder surgery. Current treatment includes Norco 10/325 for pain, Pain is reportedly decreased from a "7" to a "4" with use and there is improvement in function. The request is for Norco 10/325 q 4 hours #180. The UR decision was for #90 with cited rationale that the treating provider was tapering the medication and #90 was sufficient for the planned taper.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg q4 hours #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as hydrocodone/APAP, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the

presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does describe response of pain to the opioid medication and documents functional improvement. It also documents plan for ongoing weaning of medication. The original UR decision modified the request for #180 to #90 to support this weaning plan. The request for hydrocodone/APAP #180 is not medically necessary and the original UR decision is upheld.