

<b>Case Number:</b>	CM15-0000228		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	01/06/2011
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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: California

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 38 year old female sustained a work related injury on 01/06/2011. According to a progress report dated 12/12/2014, the injured worker complained of continued pain in the right elbow with radiation to the forearm and wrist. She had numbness in the ulnar nerve distribution. She had weakness of grip. She reported that when she works, that she took about four Norco a day to relieve pain. Diagnostic impression included mild right elbow cubital tunnel syndrome by neurodiagnostic study and possible right wrist ulnar nerve entrapment in Guyon's canal. According to the provider, the injured worker had been using a brace without relief. She had therapy and an injection of cortisone. Cortisone injection of the ulnar nerve helped for about two months. Bracing had been done for several months. A request was made for ulnar nerve decompression right elbow with medial epicondylectomy. The injured worker took 4 Norco per day when working and 0 when she was not. She worked 5 days a week. She was given a 90 day supply. The provider noted that he obtained an opiate contract and a urine drug screen. The pharmacy that was called would not fill the whole amount and the provider gave her an in office medication to give her time to fill her prescription. A Urine Drug Screen was not submitted for review. On 12/24/2014, Utilization Review non-certified Norco 5/325mg every 4-6 hours as needed #60 and Norco 5/325mg every 4 hours as needed #240. According to the Utilization Review physician, the current medical records do not document screening for aberrant behavior or medication compliance, quantifiable pain relief or functional improvement with use. Previous review for opioids has been modified to allow for use of the medication while the missing information above is submitted. But the missing information has not been forthcoming. CA

MTUS Chronic Pain Medical Treatment Guidelines Criteria for Use of Opioids were cited. 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:

**Retrospective request for Norco 5/325 mg Q4-6H # 60 as needed dispensed on 12/12/14:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Per the MTUS guidelines, opioids may be continued if there is improvement function and pain, and if the injured worker has returned to work. In this case, the injured worker has failed conservative care and is awaiting approval for ulnar nerve decompression right elbow with medial epicondylectomy. The injured worker is using Norco with moderation and there is no evidence of abuse or aberrant behavior. The medical records also indicate that the injured worker is able to perform her job while using Norco. Given the improvement in pain and function with the use of Norco while further intervention is awaited, the retrospective request for Norco 5/325 mg q 4-6 hours #60 as dispensed is medically necessary.

**Norco 5/325 mg Q4H as needed # 240:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Per the MTUS guidelines, opioids may be continued if there is improvement function and pain, and if the injured worker has returned to work. In this case, the injured worker has failed conservative care and is awaiting approval for ulnar nerve decompression right elbow with medial epicondylectomy. The injured worker is using Norco with moderation and there is no evidence of abuse or aberrant behavior. The medical records also indicate that the injured worker is able to perform her job while using Norco. Given the improvement in pain and function with the use of Norco while further intervention is awaited, the request for Norco 5/325 mg q 4 as needed #240 is medically necessary.