

<b>Case Number:</b>	CM15-0019186		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 36-year-old male who reported injury on 07/24/2013. The mechanism of injury was noted to be cumulative trauma. The injured worker's medications included Voltaren, Protonix and Ultram. The injured worker underwent electrodiagnostic studies on 12/18/2014, which revealed mild to moderate bilateral carpal tunnel syndrome and mild ulnar nerve entrapment at the elbows. Other therapies included physical therapy and occupational therapy. Norco was noted to be requested for surgery. Prior surgical history was stated to be none. Documentation of 12/23/2014 revealed the injured worker had numbness and tingling in the little and ring fingers bilaterally, left greater than right. There was a positive Tinel's at the ulnar nerve bilaterally in the elbows. The injured worker had full range of motion of the digits of both hands, wrists and elbows. The diagnoses included bilateral carpal tunnel syndrome. The treatment plan included ulnar nerve decompression at the left elbow and medial epicondylectomy. Medication dispensed was noted to include Voltaren, Protonix and Ultram. There was a lack of documented rationale for the requested medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 Every 6 Hours #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Opioids, Therapeutic Trial of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that for opioids, a therapeutic trial of opioids should not be employed until the injured worker has failed a trial of non-opioid analgesics, and before initiating therapy, the injured worker should set goals, and the continued use of opioids should be contingent on meeting these goals. Baseline pain and functional assessment should be made, and the injured worker should have at least 1 physical and psychosocial assessment by the treating physician to assess whether a trial of opioids should occur. The clinical documentation submitted for review failed to provide a rationale for the requested medication. There was a lack of documentation meeting the above criteria. Additionally, the request as submitted failed to provide the notation of mg. However, this was not a reason for non-certification. Given the above, the request for Norco 10/325 every 6 hours #30 is not medically necessary.