

<b>Case Number:</b>	CM15-0162373		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	08/01/2010
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Arizona, 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:

The injured worker was a 57 year old female, who sustained an industrial injury, August 1, 2010. The injured worker previously received the following treatments right shoulder cortisone injection, left carpal tunnel release, right elbow surgery, left elbow surgery, Hydrocodone, Maxalt, Naproxen, Sudafed and right carpal tunnel release, status post right lateral epicondylar debridement and extensor reattachment with persistent symptoms. The injured worker was diagnosed with carpal tunnel syndrome, medial epicondylitis, lateral epicondylitis, left joint arm pain, left carpal tunnel syndrome, rotator cuff syndrome, osteoarthritis location of the primary shoulder, joint pain of the upper arm and disorders of the bursa in shoulder region. According to progress note of August 10, 2015, the injured worker's chief complaint was persistent shoulder, lateral aspect of the right elbow and right palm pain. The physical exam noted the sensory exam was intact to light touch in the digits of both hands. The forward flexion of the right shoulder was 170 degrees with painful arc. The shoulder abduction of the right shoulder was 170 degrees with painful arc. There was positive impingement sign. There was tenderness over the right lateral epicondyles. The left shoulder forward flexion was 170 degrees with painful arc. The abduction of the left shoulder was 60 degrees with painful arc. There was tenderness over the medial and lateral epicondyles. The treatment plan included retroactive Norco from August 10, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Norco 5/325mg #40 (DOS: 08/10/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 76, 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months without consistent documentation of pain scores. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.