

<b>Case Number:</b>	CM15-0162684		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	05/14/2003
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Emergency Medicine

### 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 54 year old female, who sustained an industrial injury on 5-14-03. She reported onset of headaches and neck after being struck in the head with a box of paper towels. The injured worker was diagnosed as having degenerative disc disease, spondylosis of C3-4 and C4-5, recurrent left ulnar neuropathy, mild to moderate carpal tunnel syndrome of right wrist, status post left and right shoulder surgery, status post bilateral elbow surgery, status post left ulnar transposition surgery and status post right first dorsal compartment release. Treatment to date has included bilateral shoulder surgery, right wrist surgery, Butrans 20mcg patch, Voltaren gel, Norco 10-325mg, Lyrica 150 mg, Amitriptyline 25mg, physical therapy and activity modifications. (EMG) Electromyogram studies performed on 4-18-15 revealed recurrent left ulnar neuropathy at level of the elbow and median nerve neuropathy at level of the right wrist consistent with carpal tunnel syndrome. Currently on 7-2-15, the injured worker complains of ongoing difficulty with pain in her neck, bilateral upper extremities, bilateral hips and bilateral lower extremities, rated 10 out of 10 without medications and 8 out of 10 with medications; she also notes with medications she is able to maintain her current level of function and can tolerate activity much easier. Work status is noted to be permanent and stationary. Physical exam performed on 7-2-15 was unremarkable. The treatment plan included refilling of Butrans 20mcg #4 and Norco 10-325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 1 Q6H prn #120 (MED 160): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The requested Norco 10/325mg 1 Q6H prn #120 (MED 160), is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, 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 ongoing difficulty with pain in her neck, bilateral upper extremities, bilateral hips and bilateral lower extremities, rated 10 out of 10 without medications and 8 out of 10 with medications; she also notes with medications she is able to maintain her current level of function and can tolerate activity much easier. 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 10/325mg 1 Q6H prn #120 (MED 160) is not medically necessary.