

<b>Case Number:</b>	CM15-0164254		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	07/29/2008
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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:

The injured worker is a 35-year-old female who sustained an industrial injury on July 29, 2008 resulting in pain in her bilateral upper extremities. Diagnoses have included ulnar nerve lesion, lateral epicondylitis, and tendonitis of the elbow and wrist. Documented treatment includes bracing and medication which is stated to help relieve pain. The injured worker continues to present with constant bilateral upper extremity pain with the right being worse. The treating physician's plan of care includes Norco 10-325 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60, twice daily as needed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78.

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

**Decision rationale:** The long term use of opioids is not supported by the MTUS guidelines due to the development of habituation and tolerance. As noted in the MTUS guidelines, "A recent

epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. (Eriksen, 2006)" In addition, the MTUS guidelines note that in order to support continued opioid use, there should be improvement in pain and function. The medical records do not establish improvement in pain and function. The medical records note that Utilization Review has allowed for modification for weaning purposes. The request for Norco 10/325mg #60, twice daily as needed is therefore not medically necessary and appropriate.