

<b>Case Number:</b>	CM15-0166642		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	08/16/2008
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 51-year-old who has filed a claim for chronic neck, wrist, and hand pain reportedly associated with an industrial injury of August 16, 2008. In a Utilization Review report dated August 13, 2015, the claims administrator approved a follow-up visit and orthopedic follow-up while failing to approve a request for Norco. The claims administrator referenced an RFA form received on August 10, 2015 in its determination. The applicant's attorney subsequently appealed. On August 4, 2015, the applicant presented reporting heightened pain complaints. The applicant received a refill of Norco. The applicant's work status was described as "unchanged." It did not appear that the applicant was working, although this was not explicitly stated. Increased activity resulted in heightened pain complaints, the applicant reported. On August 10, 2015, the applicant reported heightened complaints of hand and wrist pain. The applicant was apparently in the process of filing for disability, it was suggested. Permanent work restrictions were renewed. The applicant developed derivative complaints of depression superimposed on issues with neck, hand, and wrist pain, it was reported. Norco, tramadol, Tylenol No. 4, and Prilosec were seemingly endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #30:** 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, criteria for use.

**Decision rationale:** No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was seemingly in the process of applying for disability on August 10, 2015, suggesting that the applicant was not, in fact, working. Heightened pain complaints were reported on that date. On an earlier note of August 4, 2015, the applicant stated that all activities remained problematic, despite ongoing Norco usage. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider failed to furnish a clear or compelling rationale for concomitant usage of two separate short-acting opioids, Norco and Tylenol No. 4. Therefore, the request was not medically necessary.