

<b>Case Number:</b>	CM15-0180140		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic wrist pain and carpal tunnel syndrome reportedly associated with an industrial injury of July 27, 2012. In an August 21, 2015 UR report, the claims administrator failed to approve a request for Norco. The claims administrator referenced a July 1, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a July 15, 2015 RFA form, physical therapy and Norco were endorsed. In an associated July 1, 2015 office visit, the applicant reported 5/10 wrist pain. A rather proscriptive 10-pound lifting limitation was endorsed while Norco was renewed. It was suggested (but not clearly stated) the applicant was not working with said limitation in place. In an earlier note dated May 20, 2015, Norco and physical therapy were again endorsed following complaints of bilateral wrist pain, unchanged, since the preceding visit. The applicant was placed off work on this date. Once again, no seeming discussion of medication efficacy transpired.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #50:** 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 hydrocodone-acetaminophen (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 result of the same. Here, however, the applicant was seemingly off work, it was suggested (but not clearly stated) on the July 1, 2015 office visit at issue, as it did not appear that the applicant was working with a rather proscriptive 10-pound lifting limitation in place. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.