

<b>Case Number:</b>	CM15-0196432		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	01/28/2011
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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 51 year old female, who sustained an industrial injury on 1-28-11. The injured worker is being treated for tension headache, sprain of neck and lateral epicondylitis. Treatment to date has included cervical epidural steroid injection (provided relief), oral medications Soma 350mg, acupuncture, topical creams, carpal tunnel splint and activity modifications. On 7-28-15 and 8-25-15, the injured worker complains of bilateral elbow pain rated 3 out of 10 and intermittent neck pain rated 5 out of 10. There is no documentation of prior use of Norco. Physical exam performed on 7-28-15 and 8-25-15 revealed pain with range of motion of cervical spine. On 7-28-15 request for authorization was submitted for Soma 350mg #30 and Norco 5-325mg #60. Request for Norco 5-325mg #60 was non-certified by utilization review on 9-3-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg # 60:** 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 5/325mg # 60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, 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 bilateral elbow pain rated 3 out of 10 and intermittent neck pain rated 5 out of 10. There is no documentation of prior use of Norco. Physical exam performed on 7-28-15 and 8-25-15 revealed pain with range of motion of cervical spine. The treating physician has not documented 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 5/325mg # 60 is not medically necessary.