

<b>Case Number:</b>	CM15-0203728		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	03/07/2007
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 47 year old female who sustained an industrial injury March 7, 2007. Past history included right redo carpal tunnel release medial nerve block synovectomy, medial nerve internal neurolysis, and hypothenar flap right ulnar nerve anterior transposition at elbow, 09-09-2015, status post concussion, post-traumatic headaches, status post right shoulder open repair 09-04-2013, depression, and anxiety. Past treatment included medication, cervical spine injections, lumbar epidural injection, physical therapy, pain management, and continued psychiatric therapy. Diagnoses are carpal tunnel syndrome; cervical strain, right cervical radiculopathy; right elbow strain with lateral and medial epicondylitis, some cubital syndrome; lumbar strain with left lumbar radiculopathy; right hip strain. A treating physician's report dated August 11, 2015, documented electrodiagnostic studies of the bilateral upper extremities dated June 1, 2015, impression; positive for mild bilateral carpal tunnel syndrome and mild, left greater than right, cubital tunnel syndrome; negative for cervical radiculopathy on either side and negative for peripheral neuropathy. The injured worker presented with complaints of low back pain, right greater than left, neck pain and right wrist and shoulder pain. The low back pain has increased and is radiating and she would like another course of epidural injections. Treatment plan included a certified pain management consultation for the lumbar spine and at issue, a request for authorization for Norco since at least March 27, 2015. There are no current toxicology screens-reports, present in the medical record. According to utilization review dated September 23, 2015, the request for pain management consultation for the lumbar spine is certified. The request for Norco 5-325mg #90 with (3) refills is non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 5/325mg # 90 with three refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured workers working diagnoses are that is postconcussion, posttraumatic headaches; cervical strain right greater than left; right cervical radiculopathy; status post right shoulder open repair September 2013; right elbow strain with lateral epicondylitis and medial epicondylitis with evidence of cubital tunnel syndrome; right wrist and hand strain with evidence of right carpal tunnel syndrome clinically; lumbar strain with lumbar radiculopathy; right hip strain; and secondary depression and anxiety. According to a progress note dated March 27, 2015, the treating provider prescribed Norco 5/325 mg. This is progress note documentation and not the start date. The start date is not specified in the medical record. According to an August 11, 2015 progress note, subjective complaints include low back pain, neck, right wrist and shoulder pain. The treating provider is continuing Norco 5/325mg TID #90. Objectively, there is lumbar spasm with tenderness. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation indicating an attempt at weaning Norco 5/325mg. There is no documentation demonstrating objective functional improvement to support ongoing Norco. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no documentation showing an attempt at weaning and no detailed pain assessments or risk assessments, Norco 5/325mg # 90 with three refills is not medically necessary.