

<b>Case Number:</b>	CM15-0025670		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	08/27/2008
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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, Ohio, 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 [REDACTED] beneficiary who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of August 27, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; earlier elbow surgery; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated January 16, 2015, the claims administrator failed to approve a request for Norco. The claims administrator did not state what guidelines or progress notes it was basing its determination upon. The applicant's attorney subsequently appealed. In a December 16, 2014 appeal letter, the attending provider noted that the applicant had undergone prior elbow epicondylar release surgery in 2006. The applicant reportedly experienced a flare in pain on October 30, 2014. The attending provider stated that he had therefore introduced Norco for the same. The attending provider stated that the applicant was performing his usual and customary job duties and was able to derive appropriate analgesia from the same.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg tablets:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Elbow and chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.2.

**Decision rationale:** 1. Yes, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and 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, the applicant has returned to and/or maintained a full-time, regular duty work status, the treating provider has contended. The applicant is deriving appropriate analgesia and improved ability to perform both work and non-work activities of daily living with Norco, the treating provider has stated. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.