

<b>Case Number:</b>	CM15-0030720		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	11/02/2006
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Family Practice

### 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 60 year old male who sustained an industrial injury on 11/02/2006. Current diagnoses include bilateral hand pain and numbness with a history of bilateral carpal tunnel releases in 2001 and bilateral elbow pain with a reported history of lateral epicondylitis. Previous treatments included medication management, left elbow injections, physical therapy, psychotherapy, immobilization, activity modifications, bandage wraps, ice, and home exercise program per the utilization review. Report dated 02/24/2015 noted that the injured worker returned for follow-up, noting that his pain level is 4-5 out of 10 with medications and without medications his pain would be at a severe level. It was further noted that the injured worker was frustrated due to his recent denial of his Lidoderm patch. Current medication regimen includes Norco, Lidoderm patch, and Ambien. Physical examination was documented as no significant changes. The physician noted that a urine drug screen specimen was submitted and it was consistent, but this report was not included for review with the submitted documentation. Utilization review performed on 01/30/2015 partially certified a prescription for Norco. The prior peer reviewer noted that the urine drug screen on 1/22/13 was positive for marijuana and while the subsequent examination narratives noted that urine drug screen was consistent, the urine drug screen was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**210 Tabs of Norco 10-325 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioid Dosing.

**Decision rationale:** According to the MTUS guidelines, long term use of opioids is not supported for chronic non-malignant pain. The medical records indicate that the injured worker has been prescribed opioids for an extended period of time, and long term opioid use leads to tolerance, dependence and hormonal imbalance in men. Furthermore, the injured worker's urine drug screen was positive for marijuana in 2013 and while the subsequent examination narratives state urine drug screen has been consistent, the urine drug screen reports are not submitted. Additionally, the current dosage of Norco is up to 8 per day, which is equivalent to 80 morphine equivalent dosage. As noted in ODG, risks of adverse effects are documented in the literature at doses as low as 50 mg MED. The request for 210 Tabs of Norco 10-325 MG is not medically necessary.