

<b>Case Number:</b>	CM15-0047440		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	02/02/2010
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 50 year old male injured worker suffered an industrial injury on 2/2/2010. The diagnoses were bilateral epicondylitis and bilateral carpal tunnel syndrome. The diagnostic studies were electromyography and cervical magnetic resonance imaging. The injured worker had been treated with cervical fusion and bilateral epicondylitis releases and carpal tunnel releases, medications, cervical epidural steroid injections, and cervical facet blocks. On 2/24/2015, the treating provider reported he continues to complain about pain in the elbows along with numbness in both hands at night. On exam, there was full range of motion of elbow, hands and wrists. There was tenderness in the elbows, hands and wrists with residual numbness of the hands. The treatment plan included Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 MG #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication improved function and pain with no indication of intolerable side effects or aberrant use. In light of the above, the currently requested Norco (hydrocodone/acetaminophen) is medically necessary.