

<b>Case Number:</b>	CM15-0087414		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 injured worker is a 52-year-old male who sustained an industrial injury on 12/11/12. The injured worker was diagnosed as having left elbow lateral epicondylitis, mild left cubital tunnel syndrome, and cervical sprain, small disc herniations C5-C6 and C6-C7, small moderate disc herniations C3-C4 and C4-C5. Currently, the injured worker was with complaints of neck pain with radiation to the left upper extremity. Previous treatments included status post left shoulder rotator cuff repair (7/7/14), physical therapy, home exercise program, Dynasplint, medication management and activity modification. Objective findings were notable for pain with cervical extension and tenderness in the trapezius and paraspinals. The plan of care was for medication prescriptions. The medications listed are Norco and Colace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The records did not show that the patient failed treatment with NSAIDs and non opioid medications. There is no documentation of the guidelines required compliance monitoring with serial UDS, CURES data reconciliations, absence of aberrant behaviors and functional restoration. The criteria for the utilization of hydrocodone/APAP (Norco) 5/325mg #120 was not met. The request is not medically necessary.