

<b>Case Number:</b>	CM14-0105641		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/07/2002
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 64-year-old female who has submitted a claim for lesion of ulnar nerve, trigger finger, elbow and forearm sprain, wrist sprain, hand sprain and post-surgical status, associated with an industrial injury date of January 7, 2002. Medical records from 2013 to 2014 were reviewed. The patient complained of increased right shoulder pain rated 10/10. Physical examination showed 2+ spasms over the upper trapezius bilaterally. The diagnoses were status post carpal tunnel release, left; status post left shoulder rotator cuff repair with adhesive capsulitis; status post medial epicondylectomy; status post cubital tunnel release with ulnar nerve transposition (November 2002); trigger thumb, third finger of the left hand; and palpable non-tender mass over the posterior thoracic wall area. Treatment to date has included Prilosec, Norco, topical lotion, physical therapy, shoulder steroid injection, and left shoulder surgery. Utilization review from July 8, 2014 modified the request for Norco 10/325mg #120 with 3 refills to Norco 10/325mg #90. There was no documentation symptomatic or functional improvement from its previous use. Initiation of weaning process was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120, Refills x3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80.

**Decision rationale:** As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, on-going management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guideline also states that opioid intake may be continued when the patient has returned to work and has improved functioning and pain. In this case, patient has been on chronic Norco use dating as far back as November 2013. However, there was no objective evidence of continued analgesia and functional improvement directly attributed with its use. Moreover, current work status of the patient was not discussed. The guideline requires documentation of functional and pain improvement as well as return to work for continued opioid use. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Norco 10/325 mg #120, Refills x3 is not medically necessary.