

<b>Case Number:</b>	CM14-0111596		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 injured worker is a 44-year-old male who reported an injury on 08/14/2014. The mechanism of injury was not provided. On 04/28/2014, the injured worker presented for a left short arm cast removal. Diagnosis was pain in joint involving forearm. Upon examination there was no swelling or dystrophic changes of the left wrist and forearm. There was an ulnar neutral negative variance with good alignment of the ulnar bone. The past medications included Norco. The provider recommended Norco 10/325 mg; the provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/APAP Page(s): 91.

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

**Decision rationale:** The California MTUS recommend the use of opioids for ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects

should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse and behavior and side effects. The efficacy of the prior use of the medication was not provided. Additionally, the provider's request did not the frequency or quantity in the request as submitted. As such, the request for Norco 10/325 mg is not medically necessary.