

<b>Case Number:</b>	CM14-0143449		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/15/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 and Rehabilitation 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 injured worker is a 53-year-old male who reported an injury on 06/15/2012 due to being assaulted at work. The injured worker complained of headaches, neck pain, arm pain, and numbness in his fingers. The injured worker had a diagnosis of palpable post-traumatic headaches, cervicothoracic strain/arthrosis/discopathy with possible myelomalacia, bilateral medial and lateral epicondylitis of the elbows, bilateral carpal tunnel and cubital tunnel syndrome, lumbosacral strain/arthrosis/discopathy with foraminal stenosis, and psychiatric complaints. The injured worker's medication included Norco, naproxen, and omeprazole. No VAS provided. The objective findings dated 09/10/2014 revealed slow medial lateral elbow pain with handshake testing bilaterally. Both thenar and intrinsic weakness bilaterally. The Request for Authorization dated 07/28/2014 was submitted with documentation. The rationale for the Norco was not provided. The treatment plan included continue medication, request a spinal specialist, return in 6 weeks, and a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

**Decision rationale:** The request for Retrospective Norco 10/325mg #60 is not medically necessary. The California MTUS Guidelines recommend opioids for chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opioids should not exceed 120 mg oral morphine equivalent per day. The clinical notes did not address the objective functional improvement, evidence that the injured worker had been monitored for aberrant drug behavior and side effects. The clinical notes were vague and did not give an objective functional improvement. The request did not indicate the frequency. As such, the request is not medically necessary.