

<b>Case Number:</b>	CM14-0183846		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	12/22/2010
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 34-year-old male with a 12/22/10 date of injury. At the time (10/27/14) of request for authorization for Norco 10/325 MG #120, there is documentation of subjective (right wrist pain, right elbow pain; patient reports pain level 9/10 without medication and 4/10 with medications, and reports improved function with medications) and objective (decreased sensation to light touch over the right thumb to right middle finger, tenderness over the right forearm/extensor musculature, as well as over the right dorsal wrist) findings, current diagnoses (sprain/strain of the right elbow, right elbow lateral epicondylitis, right wrist sprain, and right carpal tunnel syndrome), and treatment to date (home exercise program, bracing and medications (including ongoing use of ibuprofen and Norco (since at least 7/12)). There is no documentation that the prescriptions are from a single practitioner and are taken as directed, that the lowest possible dose is being prescribed, and specific and measured functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Norco use to date.

### 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:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of sprain/strain of the right elbow, right elbow lateral epicondylitis, right wrist sprain, and right carpal tunnel syndrome. In addition, there is documentation that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed and that the lowest possible dose is being prescribed. In addition, given documentation of medication records reflecting prescription for Norco since at least 7/12 and despite documentation that the patient reports pain level 9/10 without medication and 4/10 with medications, and improved function with medications, there is no specific and measured functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 MG #120 is not medically necessary.