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| <b>Case Number:</b>   | CM14-0110922 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 11/12/1999 |
| <b>Decision Date:</b> | 07/02/2015   | <b>UR Denial Date:</b>       | 07/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/16/2014 |

### 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. 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 68-year-old who has filed a claim for chronic shoulder, wrist, hand, and finger pain reportedly associated with an industrial injury of November 12, 1999. In a Utilization Review report dated July 2, 2014, the claims administrator partially approved a request for Norco apparently for weaning or tapering purposes. The claims administrator referenced progress notes of June 17, 2014 and February 26, 2014 in its determination. The applicant's attorney subsequently appealed. On November 25, 2014, the applicant was given a refill of Vicodin 5-300. Drug testing was endorsed. Ongoing complaints of thumb, finger, and shoulder pain were reported. The applicant's work status was not detailed. The treating provider stated that ongoing usage of Vicodin was beneficial, but did not elaborate further. On June 14, 2014, the applicant reported ongoing complaints of shoulder, hand, and wrist pain, exacerbated by motion. The applicant received a thumb corticosteroid injection. The applicant's work status was not detailed. Little-to-no discussion of medication efficacy transpired. The applicant's medication list was not detailed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg, #30 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not explicitly detailed, although multiple progress notes referenced above suggesting that the applicant was not working. The attending provider failed to outline meaningful, material improvements in function or quantifiable decrements in pain (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.