

<b>Case Number:</b>	CM15-0173638		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	01/10/2010
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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 45-year-old who has filed a claim for chronic shoulder, arm, hand, and upper extremity pain reportedly associated with industrial injury of January 10, 2010. In Utilization Review report dated August 3, 2015, the claims administrator partially approved a request for Norco, apparently for weaning or tapering purposes. The claims administrator referenced a June 22, 2015, progress note in its determination. The applicant's attorney subsequently appealed. On said June 22, 2015 progress note, the applicant reported ongoing complaints of shoulder and arm pain. The attending provider contended that the applicant's ability to wash dishes and cook had been ameliorated as result of recent stellate ganglion block. The applicant was using tramadol extended release, and Norco for pain relief, the attending provider reported. The applicant's medications included Elavil, topical compounded cream, Cymbalta, Neurontin, and Norco, it was reported. Norco was apparently renewed as were the applicant's permanent work restrictions. It was suggested that the applicant was in the process of returning to work. On July 21, 2015, the applicant reported ongoing complaints of neck, elbow, and shoulder pain. The applicant contended that she was able to function at work, in one section of the note. The applicant stated that she was able to perform mopping and baking as a result of ongoing medication consumption. The applicant again contended the combination of Norco and recent stellate ganglion block had ameliorated her pain and improved her ability to perform activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 5/325mg #80:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Yes, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was medically necessary, medically appropriate, and 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, the applicant had apparently returned to work, the treating provider suggested on June 26, 2015 and explicitly stated on July 21, 2015. The applicant's ability to cook, mop, clean, bake, wash dishes, and the like had all been ameliorated as a result of ongoing medication consumption. Ongoing Norco usage had also attenuated the applicant's pain scores, the attending provider stated on several occasions. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.