

<b>Case Number:</b>	CM15-0026685		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	04/16/2013
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic wrist, hand, and forearm pain reportedly associated with an industrial injury of April 26, 2013. In a Utilization Review Report dated February 4, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a progress note dated January 28, 2015 in its determination. The applicant's attorney subsequently appealed. On January 28, 2015, the applicant reported ongoing complaints of wrist and forearm pain, 8/10. The attending provider noted that the applicant was having difficulty staying asleep. The attending provider stated that his pain complaints were moderate to severe. Somewhat incongruously, the attending provider then reported that the applicant's pain complaints were well controlled with medications. The applicant was using fenopufen, Lunesta, Norco, Prilosec, and Senna. The applicant was placed off of work, on total temporary disability. Additional acupuncture was endorsed. In an earlier note dated December 13, 2014, the applicant was, once again, placed off of work, on total temporary disability. A functional capacity evaluation, fenopufen, Lunesta, and Norco were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 80 of 127.

**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 was/is off of work, on total temporary disability. The applicant continued to report pain complaints in the 8/10 range, despite ongoing Norco usage. The applicant continued to report difficulty with activities of daily living as basic as gripping, grasping, and lifting. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.