

<b>Case Number:</b>	CM15-0066370		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 53 year old male, who sustained an industrial injury on 2/27/13. The injured worker has complaints of elbow pain. Examination noted that the injured worker really is non-tender to palpation on the left elbow and continues to be tender at the lateral epicondyle of the right elbow. The diagnoses have included status post op right elbow lateral epicondylar release asymptomatic, left elbow epicondylar release with localized tenderness and incomplete recovery. Treatment to date has included left elbow epicondylar release; left elbow open tenotomy debridement and repair with juggernaut suture anchors times two; common extensor origin repair on the right side and on the left side; magnetic resonance imaging (MRI) of the left elbow; hydrocodone and physical therapy. The request was for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Norco 10/325 mg Qty 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation is not clear on a detailed pain assessment or monitoring of the 4 A's recommended by the MTUS for patient's on chronic opioid therapy. There is no evidence of that Norco is being prescribed according to the MTUS in accordance with functional improvement. Without evidence of following the MTUS opioid prescribing recommendations or evidence of functional improvement on opioids continued Norco is not medically necessary.