

<b>Case Number:</b>	CM15-0070072		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	01/18/2014
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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 52-year-old who has filed a claim for chronic finger and hand pain reportedly associated with an industrial injury of January 18, 2014. In a Utilization Review report dated March 27, 2015, the claims administrator partially approved a request for Norco, apparently for weaning purposes. The claims administrator referenced a March 19, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On March 31, 2015, the applicant reported ongoing complaints of hand pain, 3/10 with medications versus 9/10 without medications. The applicant's sleep quality was poor. Gripping, grasping, lifting, and carrying remained problematic, it was acknowledged. The applicant stated that he was avoiding socializing with friends, exercising, and/or performing household chores secondary to pain. The applicant's medications included Lidoderm, Norco, Neurontin, Catapres, Flexeril, and Motrin. Multiple medications were renewed, including Lidoderm, Norco, and Neurontin. The applicant was given an extremely proscriptive limitation of "no use of right hand," seemingly resulting in the applicant's removal from the workplace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

**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 was seemingly off of work, it was suggested on February 25, 2014, following imposition of rather proscriptive limitations. While the attending provider did state that the applicant's pain scores have been reduced from 8/10 without medications to 3/10 pain with medications on those dates, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's reports of difficulty exercising, performing household chores, gripping, grasping, lifting, and socializing secondary to pain. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.