

<b>Case Number:</b>	CM14-0152583		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	01/10/2009
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 82 pages in this review. The treatment request was for Norco. Per the records provided, the claimant was injured back in the year 2009. She was taking a sign off of a window and fell backwards onto the ground. She had a permanent spinal cord stimulator implant in 2011 and a left ulnar nerve transposition in 2009. There were temperature changes, with the left upper extremity being cooler than the right, and she had tenderness to the left upper extremity with hypersensitivity raising suspicion for reflex sympathetic dystrophy. The Norco gave 40% relief of pain and 40% improvement in her activities of daily living. The previous drug screens were consistent. Klonopin was being decreased. She was feeling better on Abilify. She was still in physical therapy. The reviewer noted that a therapeutic trial of opiates should not be initiated until the patient is failed a conservative trial of non-opiate analgesics. A modification of half of the request was recommended for weaning purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5mg/325mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

**Decision rationale:** In regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary per MTUS guideline review.