

<b>Case Number:</b>	CM13-0044650		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/19/2005
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	09/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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:

The injured worker is a 53 year old female who sustained an injury on 05/19/05 as a result of cumulative trauma to the bilateral hands. Prior treatment has included a right carpal tunnel release completed on 08/22/07 followed by a left carpal tunnel release on 12/12/07. The injured worker had been followed for complaints of right shoulder pain and did undergo an arthroscopic subacromial decompression of the right shoulder on 02/11/09. The injured worker did have a prior history of narcotics use to include Norco as well as Oxycodone. On 09/12/13, the injured worker reported medications were beneficial. The injured worker did describe side effects to include itchy and dry skin with the use of medications. The injured worker's physical examination at this evaluation noted negative Tinel's and Phalen's signs. There was loss of right shoulder range of motion on flexion and abduction as compared to the contralateral side. Moderate muscle spasms in the thoracic spine were noted. The injured worker did note gastrointestinal upset with the use of pain medications. The injured worker was recommended to continue with Oxycontin 40mg utilized twice daily as well as Norco 10/325mg 3 times daily as needed for breakthrough pain. The injured worker was only being given 30 tablets per month of Norco. Follow up on 11/14/14 noted pain scores at 5/10 on the visual analogue scale (VAS) with medications. The injured worker's physical examination findings at this evaluation remained unchanged. The injured worker was recommended to continue both Oxycontin and Norco with no changes to dose or frequency. The requested Norco 10/325mg, quantity 30 was denied by utilization review on 09/23/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 PRESCRIPTION OF NORCO 10/325MG #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

**Decision rationale:** In regards to the use of Norco 10/325mg quantity 30, is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a short acting narcotic such as Norco can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Norco. No specific pain improvement was attributed to the use of this medication. The clinical documentation also did not include any compliance measures such as toxicology testing or long term opiate risk assessments (COMM/SOAPP) to determine risk stratification for this claimant. This would be indicated for Norco given the long term use of this medication. The request is not medically necessary and appropriate.