

<b>Case Number:</b>	CM13-0062071		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/02/2010
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 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:

According to the records made available for review, this is a 38-year-old male with an 8/2/10 date of injury. At the time (10/2/13) of the request for authorization for Norco 5/325mg #60, there is documentation of subjective (pain in his neck, mid/upper back, lower back, bilateral shoulders/arms and bilateral elbows/forearms) and objective (grade 3 tenderness to palpation over the paraspinal muscles of the cervical spine, thoracic spine, lumbar spine, bilateral shoulders, bilateral arms, bilateral elbows, bilateral forearms, bilateral wrists, and bilateral hands; cervical compression test is positive; range of motion is restricted; impingement test is positive; and Tinel's and Phalen's tests are positive) findings. The current diagnoses are cervical spine musculoligamentous strain/sprain with radiculitis, rule out cervical spine disc protrusion, thoracic spine musculoligamentous strain/sprain, lumbar spine musculoligamentous strain/sprain with radiculitis, lumbar spine discogenic disease, status post lumbar spine surgery 12/26/12, post-surgical nasal pain, bilateral shoulder strain/sprain, bilateral shoulder impingement, left shoulder rotator cuff syndrome, bilateral elbow/forearm strain/sprain, lateral and medial epicondylitis, bilateral wrist strain/sprain, bilateral wrist carpal tunnel syndrome, status post left wrist carpal tunnel release, gastroesophageal reflux disease/irritable bowel syndrome, sleep disturbance secondary to pain, and depression/anxiety, situational. The treatment to date includes Norco for at least 6 months. There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical spine musculoligamentous strain/sprain with radiculitis, rule out cervical spine disc protrusion, thoracic spine musculoligamentous strain/sprain, lumbar spine musculoligamentous strain/sprain with radiculitis, lumbar spine discogenic disease, status post lumbar spine surgery 12/26/12, post-surgical nasal pain, bilateral shoulder strain/sprain, bilateral shoulder impingement, left shoulder rotator cuff syndrome, bilateral elbow/forearm strain/sprain, lateral and medial epicondylitis, bilateral wrist strain/sprain, bilateral wrist carpal tunnel syndrome, status post left wrist carpal tunnel release, gastroesophageal reflux disease/irritable bowel syndrome, sleep disturbance secondary to pain, and depression/anxiety, situational. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of treatment with Norco for at least 6 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 5/325mg #60 is not medically necessary.