

<b>Case Number:</b>	CM14-0107226		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/11/2004
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 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 38 year old female injured on 12/01/04 due to an undisclosed mechanism of injury. Diagnoses include chronic pain syndrome, cervical degenerative disc disease, cervical radiculopathy, a history of complex regional pain syndrome, and a history of right shoulder subacromial decompression. The clinical note dated 05/14/14 indicated the injured worker presented complaining of neck pain, right shoulder pain, and right hip pain. The injured worker reported pain radiating into the bilateral upper extremities, spasms in the neck aggravated without neck support, and pain in the bilateral lower extremities with numbness in the bottom of the feet. The injured worker also reported noting tremors with full body spasms that are severe enough to cause her to fall. The injured worker rated the pain at 6/10 on VAS. The injured worker reported MS Contin and Norco decreased pain from 10/10 to 6/10 and Lyrica reduces neuropathic pain in the upper extremities. The documentation indicated the injured worker stopped halfway through functional restoration program. The documentation indicated medications allowed her to tolerate some daily activities; however, remains very limited and receives daily assistance from husband. The injured worker utilized Cymbalta and Wellbutrin for psychiatric complaints and weaning from Zoloft. Objective findings included wearing soft cervical collar, difficulty getting up from deep seated position, slightly antalgic gait, moderate to severe tenderness over the cervical paraspinals, limited range of motion, wearing a sling on the right arm, deep tendon reflexes hyperreflexic, multiple healed arthroscopic scars of the right shoulder, and no atrophy or edema of the extremities. Treatment plan included refill of MS Contin, Norco, Soma, Lyrica, and continuation of Cymbalta, Wellbutrin, and Prozac. The initial request for Norco 10/325mg #90 was initially non-certified on 07/01/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the MTUS Chronic Pain Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Norco 10/325mg #90 cannot be recommended as medically necessary at this time.