

<b>Case Number:</b>	CM14-0011045		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	04/25/2012
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 Physical Medicine and Rehabilitation 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:

This 42-year-old female sustained an injury to the neck and back from breaking a resident's fall on 4/25/12 while employed by [REDACTED]. The request under consideration include: Norco 10-325mg. Conservative care has included medications, activity modification, acupuncture, physical therapy, chiropractic manipulation, and epidural steroid injections. The patient is status post right shoulder arthroscopy on 6/10/13, carpal tunnel release and trigger finger release 11/18/13. The report of 12/16/13 from the provider noted patient with continued neck, back, and shoulder pain rated at 7/10 with difficulties performing Activities of daily living (ADLs). The exam noted tenderness to palpation, surgical sites at right wrist/hand was clean without infection signs; sensation decreased at C6,7,8 and L4,5 and S1; manual motor testing of 4+/5 on left and 5-/5 on right side at extensor hallucis longus. (EHL) (1st toe). The treatment plan included epidural steroid injection (ESI) at lumbar L4, L5 bilaterally and continued Norco. The request for Norco was non-certified on 1/15/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10-325 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, On-Going Management Page(s): 74-96.

**Decision rationale:** Per the MTUS Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). The submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The request for Norco 10-325mg is not medically necessary and appropriate.