

<b>Case Number:</b>	CM14-0129478		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	03/22/2004
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Management 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 58-year-old female with a 3/22/04 date of injury. At the time (7/10/14) of request for authorization for Norco 10/325mg #180, there is documentation of subjective (pain in neck, upper and lower back, pain in both shoulders, numbness in both hands, intermittent migraine headaches, depressed, and pain in jaw on both sides) and objective (tenderness to right humerus and right acromioclavicular joint in the right shoulder, abduction of the right shoulder 10 degrees, extension 5 degrees, flexion 10 degrees, left shoulder abduction 45 degrees, extension 10 degrees, and flexion 45 degrees, neck flexion 10 degrees, extension 10 degrees, rotation to left and right 30 degrees, lateral flexion to left and right 5 degrees, Tinel's test negative, paracervical tenderness from T1 to T12-L1, paralumbar tenderness from L1 to L5-S1, and decreased grip strength on right) findings, current diagnoses (chronic cervical pain with cervical degenerative disease, chronic thoracic myofascial pain, chronic lumbar back pain, rule out herniated disk and/or spinal stenosis, chronic bilateral shoulder tendonitis with acute right shoulder rotator cuff tear, chronic bilateral carpal tunnel syndrome, polyarthralgia, chronic migraine headache, chest pain of unknown etiology, depression, and chronic bilateral temporomandibular joint pain), and treatment to date (medications (including ongoing treatment with Norco). 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 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74, 78-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**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 chronic cervical pain with cervical degenerative disease, chronic thoracic myofascial pain, chronic lumbar back pain, rule out herniated disk and/or spinal stenosis, chronic bilateral shoulder tendonitis with acute right shoulder rotator cuff tear, chronic bilateral carpal tunnel syndrome, polyarthralgia, chronic migraine headache, chest pain of unknown etiology, depression, and chronic bilateral temporomandibular joint pain. 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 ongoing treatment with Norco, 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 10/325mg #180 is not medically necessary.