

<b>Case Number:</b>	CM14-0152768		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	07/27/2007
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Ohio. 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 66-year-old male with an extremely complex medical history. His diagnoses include pleural plaques from asbestosis exposure, thoracic outlet syndrome, lumbar facet arthropathy, lumbar disc disease and spinal stenosis, bilateral shoulder adhesive capsulitis, cervical disc disease, bilateral carpal tunnel syndrome, sacroiliitis, possible sleep apnea, and diabetes. His date of injury is said to be July 3 of 2007 at which time he developed back pain. His current orthopedic complaints are legion. He has neck pain radiating to the upper extremities, diminished sensation the left upper extremity, low back pain radiating to the lower extremities, bilateral shoulder pain and diminished range of motion, he has headaches that are worsening and thought to be secondary to thoracic outlet syndrome. His physical exam reveals diminished range of motion to the cervical spine, severe left scalene muscle tenderness, a positive Adson and Roos test on the left side, diminished sensation to the left C8-T1 dermatome, diminished lumbar range of motion with positives straight leg raise testing, bilateral shoulder tenderness with diminished range of motion, and a positive Tinel's sign to both wrists. It seems that his main complaints stem from worsening left-sided thoracic outlet syndrome which has led to worsening of his headaches. The injured worker has been used utilizing Motrin twice-daily, Neurontin 3 times daily, tramadol 50 mg twice daily, and Norco 10/325 mg once or twice daily to combat his worsening headache picture. He has recently been referred to neurosurgery to consider a scalenectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #30:** Overturned

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

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

**Decision rationale:** With regard to opioid therapy, the guidelines call for monitoring of analgesia, functionality, adverse reactions, and any aberrant drug taking behavior. There is the suggestion that opioids be discontinued if there is no improvement in pain and functionality as a consequence of the opioid therapy. That is presuming of course that adequate analgesia has been provided and that the treatment plan is not currently in the titration phase. With regard to this particular injured worker it would seem that the most pressing matter in terms of pain is the worsening thoracic outlet syndrome. Norco has been recently increased to combat the pain and headaches as a consequence and therefore it could be said that with regard to this problem, we are certainly in the titration phase. Therefore, Norco 10/325mg #30 is medically necessary.