

<b>Case Number:</b>	CM14-0166855		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 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:

This case is a 65 year old male with a date of injury on 2/29/2012. A review of the medical records indicates that the patient is undergoing treatment for cervical radiculitis and shoulder pain. Subjective complaints (9/2/2014) shoulder and neck pain, and constipation. No additional pain and functional status details were noted in treatment notes. Objective findings (9/2/2014) include decrease range of motion to shoulder, deltoid muscle trophy, tender neck muscles, and normal neurological exam. Treatment has included Naproxen, Norco (since at least 2/2014), Temazepam, and physical therapy (unknown number of sessions). A utilization review dated 9/8/2014 non-certified a request for Norco 10/325mg due to lack of efficacy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Pain

**Decision rationale:** ODG does not recommend the use of opioids for neck pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As noted in the request for authorization, the treating physician is requesting for a 30-day supply. Medical documents do not establish efficacy from this medication that would warrant continued treatment. As such, the request for Norco 325/10mg is not medically necessary.