

<b>Case Number:</b>	CM14-0033830		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/10/2008
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 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:

The patient is a 59 year old female, date of injury 3/10/08. Subsequent to a MVA she has developed chronic cervical, lumbar, shoulder and wrist hand pain. She has been diagnosed with cervical spondylosis, lumbar stenosis with radiculopathy, bilateral carpal tunnel syndrome and a rotator cuff tear. She has been treated with shoulder surgery, carpal tunnel release, lumbar epidural injections, physical therapy, acupuncture and trigger point injections. VAS scores are between 6-8/10. For several years she has utilized a limited amount of opioid medication (Hydrocodone) at an average use of #4 10mg tabs per day. There is no history of misuse or accelerated use. Drug testing has been consistent with prescriptions. The treating physician documents improvements in ADLs/function with use of the opioid. She also utilizes Lyrica at night for neuropathy pain. The latest prescription for Norco was modified to #14 for limited use post-op. Prior UR reviews recommended tapering and then a discontinuing of the Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Norco 10/325mg #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Opioids, and MTUS ACOEM, Chapter 11, pages 66-67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines Opioids Ongoing Management/When to Discontinue Opioids, page(s) 78,79.

**Decision rationale:** The records demonstrate a stable minimal to moderate use of opioid medication that has not accelerated in use nor has there been any evidence of misuse over a several year period. The treating physician documents functional benefits and an average use of 4 tabs per day. As long as these circumstances apply, the continued use of Norco appears medically necessary/reasonable per MTUS Chronic pain guidelines. The prior UR review stated that there was no apparent benefits, this review finds that benefits are documented sufficiently to justify ongoing limited use. The request is medically necessary.