

<b>Case Number:</b>	CM14-0040508		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/07/2004
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 49 year old with an injury date on 9/7/10. Based on the 1/20/14 progress report provided by [REDACTED] the diagnoses are 1. Left shoulder impingement syndrome; 2. Left cervical strain; 3. Mild cervical DDD, per X-rays and MRI; 4. Possible left rotator cuff tear; 5. Left cubital tunnel syndrome per exam; 6. Bilateral lateral epicondylitis; 7. Left carpal tunnel syndrome per exam; 8. Left de Quervain's tenosynovitis; 9. Possible left thumb basilar joint arthritis 10. Rule out left brachial plexopathy; 11. Developing right shoulder impingement; 12. Left wrist ganglion cyst; 13. Recent flare up of left shoulder pain; 14. Possible CRPS of left face, neck, back, and bilateral upper extremities. Exam on 1/20/14 showed "hyperesthesia along left side of face extending to left neck and trapezial region. Positive impingement signs in both shoulders with range of motion moderately restricted in left shoulder. Hyperesthesia extending from distal left upper arm/shoulder to left clavicular region into right rhomboid region. Tenderness in left elbow at lateral epicondyle, positive Tinel's test at left cubital tunnel. Diffuse tenderness throughout right forearm, especially radial aspect of radius. Left wrist has diffuse tenderness through palmar/dorsal aspect, and positive for Tinel's, Phalen's, and Finkelstein's. Tenderness diffusely throughout thoracic paraspinals. Tenderness/spasm in bilateral cervical paraspinals. Hyperalgesia in anteriolateral aspect of left lower leg but none in feet. Sensation to light touch slightly reduced in median distribution of left hand." [REDACTED] is requesting Norco 10/325mg #240 w/ 1 refill. The utilization review determination being challenged is dated 2/28/14. [REDACTED] is the requesting provider, and he provided treatment reports from 5/1/13 to 6/5/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Norco 10/325mg #240 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

**Decision rationale:** This patient presents with neck pain/allodynia extending to left shoulder and left upper extremity pain, occasional pain in feet, and migraines. The treater has asked Norco 10/325mg #240 w/ 1 refill but RFA not included in provided reports. Patient requires medication to perform activities of daily living including dressing, bathing, cleaning, and grooming per 1/20/14 report. Norco constipates her but is helped by Colace per 12/9/13 report. No urine drug screen found in provided reports. For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's, adverse side effects, and aberrant drug-seeking behavior. In this case, the treater has asked for Norco but documentation of improvement in pain and function in relation to usage of Norco is not provided. In addition, documentation does not include any urine drug screen or mention that patient is not exhibiting drug-seeking behavior as required by MTUS for ongoing opioid usage. Recommendation is for denial.