

<b>Case Number:</b>	CM14-0046438		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/02/2008
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 60-year-old female who has submitted a claim for major depressive panic disorder, restless leg syndrome pain disorder, chronic pain in shoulders, neck and upper back associated with an industrial injury date of April 2, 2008. Medical records from 2013 to 2014 were reviewed. For her orthopedic problem, the patient complained of pain in her shoulders, neck and upper back. She reports no improvement in the jitteriness or restless leg problems. The physical examination showed limited range of motion for both shoulders and right elbow. Treatment to date has included psychotherapy, nonsteroidal anti-inflammatory drugs (NSAIDs), opioids, Neupro patches and physical therapy. Utilization review from April 7, 2014 denied the request for Norco, four tablets daily, because a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any key outcome goals including pain relief, improved quality of life, and/or improved functional capacity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco, four tablets daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/APAP Page(s): 82-88, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78-81.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been taking Norco since 2013 and there was no documentation of measurable analgesic benefit or functional improvements with ongoing use. Therefore, the request for Norco, four tablets daily is not medically necessary.