

<b>Case Number:</b>	CM14-0065370		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Georgia. 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 63-year old male who was injured on 07/01/2013. The injury was sustained in a fall from a truck in a work related injury. Prior treatment history includes: three chiropractic treatments, date uncertain; physical therapy in 2013, exact date uncertain; ongoing pharmacologic treatment with Norco 5/325mg. Progress report dated 04/03/2014 documented the patient complained of ongoing bilateral shoulder and neck pain along with low back pain. Objective findings on exam revealed no tenderness of the cervical spine range of motion. Flexion was to 35; extension to 15; right lateral bending to 25; left lateral bending to 30; right rotation to 30 and left rotation to 30. Sensation was normal in cervical dermatomes. Manual muscle strength was 5/5 in all muscle planes. The shoulder revealed tenderness bilaterally at the AC joint and biceps tendon groove. Range of motion of the shoulder exhibits flexion to 110 bilaterally; abduction to 80 on the right and 90 on the left; internal rotation to 30 on the right and 40 on the left; external rotation to 20 bilaterally; extension to 30 bilaterally; and adduction to 20 bilaterally. There was tenderness of the paraspinal muscles bilaterally. Range of motion of the lumbar spine revealed flexion to 45; extension to 10; right lateral bending to 15; left lateral bending to 15; right rotation to 10; left rotation to 10. Diagnoses listed were bilateral shoulder pain, cervical spine disc herniation C3-C7; cervical sprain with radicular complaints; history of small subdural/subarachnoid hemorrhage; complaints of elbow and wrist pain; left shoulder labral tear; lumbosacral sprain with radicular complaints; and right shoulder tendonitis. Norco was refilled at 5/325 #60. Prior utilization review dated 04/23/2014 states the prospective request for Norco was certified and modified to Norco 5/325 mg #45 with the remaining 15 tablets and 1 refill being non-certified, with the reviewing physician indicating a lack of documentation of objective improvement in pain or function with the Norco the patient had previously been taking.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325MG #60 with 1 Refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 76-96.

**Decision rationale:** MTUS, Chronic Pain Medical Treatment Guidelines, notes that for ongoing management of pain with opiate medications should include 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 MTUS also notes that discontinuation of opioids should be considered if there is no overall improvement in function, unless there are extenuating circumstances. The MTUS also recommends opioids should be continued if the patient has improved functioning and pain. The MTUS Overall treatment suggestions note that a trial of opioids as a non-first-line agent for chronic pain is appropriate. Titration to an effective dose, with discontinuation if not effective, is recommended. During the maintenance phase, careful attention for worsening of pain and appropriate evaluation of possible causes is recommended. Recommendations are made to reassess efficacy of prescribed opiate medications every six months, though the MTUS also notes that if the current dose of opioids is effective, there should be no attempt to lower the dose if it is working. As the patient has been maintained on the same dose of Norco since at least 10/24/2013 as noted in the progress report from this date, the documentation supports that his current dose remains effective in alleviating his pain. Based on the Medical Utilization Treatment Schedule (MTUS) Chronic Pain Medical Treatment Guidelines and criteria as well as the clinical documentation stated above, the request for Norco 5/325mg #60 with 1 refill is medically appropriate and necessary.