

<b>Case Number:</b>	CM14-0110524		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/29/2008
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	07/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 injured worker (IW) is a 52-year-old female who sustained an industrial injury on 12/29/2008. Initially, the IW reported pain in the right neck, shoulder and right upper extremity pain. The IW was diagnosed with cervical radiculopathy, cervical facet syndrome, shoulder pain and spasm of muscle. Treatment to date has included medications, acupuncture, right shoulder arthroscopy and subsequent manipulation, physical therapy and right shoulder steroid injection. All of these treatments were helpful. Diagnostics performed include MRIs and EMG. According to the progress notes dated 4/21/14, the IW reports neck and right shoulder pain rated 5/10. The medications listed are Norco, Neurontin, Prilosec, Flector patch, Volaren gel, Prilosec and Doc-q-lace and Senokot for constipation. The IW is also utilizing prochlorperazine for nausea. A Utilization Review determination was rendered recommending non certification for Norco 10/325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325mg tablet QTY: 120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The records indicate that the patient is experiencing significant adverse effects such as severe constipation and nausea that require treatment with multiple medications. There is no documentation of the guidelines required compliance monitoring with serial UDS, absence of aberrant behavior and functional restoration. The criteria for the use of Norco 10/325mg #120 was not met. Therefore, Norco 10/325mg #120 was not medically necessary.