

<b>Case Number:</b>	CM14-0187518		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	03/07/2000
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 71 year old female with multiple work related injuries after she slipped on a wet greasy floor on 03/07/2000. The injured worker (IW) reported shoulder, arm, head, back and neck injuries. The progress note mentions two shoulder surgeries, right wrist De Quervain release surgery and one elbow surgery. The IW reports she received a "significant amount of physical therapy with some relief." She also reports significant relief with massage therapy and reports the mental health care she had been receiving had helped. She had previously been seen by pain management. At the time of the evaluation she was on Norco for pain, Aciphex for GERD and Thermo Care patches for her wrist and neck. The provider notes the lumbar spine MRI dated 01/06/2009 was unavailable. However the progress notes document the following: The alignment of the lumbar spine is unremarkable. At L (lumbar) 4-5 intervertebral discs show a 1-2 mm disc bulge. Neural foramina are narrowed and the exiting L 5 nerve roots are displaced. At L 5-S (sacral) 1 intervertebral disc shows marked lost height as well as 2 mm bulge. Neural foramina are narrowed and exiting S 1 nerve roots are displaced. The impression is moderate degree of loss of the lumbar lordosis, although the lumbar alignment is preserved. The IW described her neck pain as an aching and stabbing type pain. Her pain level without medications was 8/10 and with medication is 2-3/10 with medications. Past medical history includes liver disease, GERD and non-alcoholic fatty liver. Surgical history is significant for five surgeries to the right arm, shoulder and elbow. The provider notes the IW is having more pain and functional impairments in her left shoulder and low back region with significantly diminished range of motion and pain. The exact nature of the above surgeries or the amount of physical therapy visits is not documented. Diagnoses include: chronic pain syndrome, cervical strain, cervical degenerative disc disease, bilateral shoulder pain, cervical radiculopathy, lumbar degenerative disc disease and depression. Norco 10/325 mg one by mouth three times daily # 90 for elevated

pain levels was requested. The provider notes an opioid treatment agreement was reviewed and signed, a CURES report was obtained and reviewed and urine toxicology screening was done at that visit. On 10/23/2014 utilization review issued a decision partially certifying the Norco 10/325 mg # 45 stating the following: There is lack of a complete and accurate pain assessment and if the patient was unresponsive to non-opioid treatments. Guidelines cited were California Medical Treatment Utilization Schedule Guidelines 2009, chronic pain, page 78. The request was appealed to Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**Decision rationale:** Norco 10/325mg #90, is not medically necessary. Per MTUS Page 79 of MTUS guidelines indicates that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid. Therefore, the requested Norco is not medically necessary.