

<b>Case Number:</b>	CM14-0196017		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	02/28/2014
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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:

Injured worker is a female with date of injury 2/28/2014. Per primary treating physician's progress report dated 10/23/2014, the injured worker complains of neck pain, left-sided head pain, and associated headaches. She is currently participating in chiropractic treatments. She has completed 4/8 treatments. She does find this beneficial and notes improvement in her neck pain and upper extremity pain. She continues to not benefit from both gabapentin and Norco for treatment of pain symptoms and improvement in function. She reports bilateral shoulder pain, right greater than left. Her pain has returned to baseline after her right shoulder injection. She continues to have radiation of pain into the upper back. She complains of insomnia and high blood pressure. She rates her pain at 5/10 with the use of Norco and gabapentin, and without Norco it is 8/10. She notes some improvement in her ability to participate in activities of daily living, which includes performing household chores, self-care, meal preparation, and grocery shopping. She notes that she would have limited ability to participate in these activities without some level of pain medications. Examination of the cervical spine reveals right cervical paraspinal tenderness, although there is no palpable muscle spasm today. Cervical spine range of motion is flexion 35 degrees, extension 40 degrees, right rotation 50 degrees, and left rotation 60 degrees. Upper extremity exam reveals 4/5 motor strength in her biceps, triceps and brachioradialis muscles of the right upper extremity as compared to 5/5 strength in the left upper extremity. Exam of the right shoulder reveals tenderness over the right AC joint and biceps tendon. There is some tenderness in the left AC joint, although less pronounced. Exam of the right elbow reveals tenderness to palpation over the right lateral epicondyle with mild swelling noted. Sensory exam reveals decreased sensation in the right ulnar nerve distribution. Reflex testing reveals biceps, triceps and brachioradialis reflexes were active and symmetrical bilaterally. Examination of the thoracic spine reveals bilateral thoracic paraspinal tenderness to

palpation. Diagnoses include 1) cephalgia 2) cervical spine sprain/strain with evidence of C4-C5 and C5-C6 disc protrusion 3) bilateral shoulder sprain/strain with left shoulder evidence of tendinosis of the supraspinatus and infraspinatus muscles and right shoulder evidence of bursitis and osteoarthritis of the AC joint 4) right lateral epicondylitis.

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

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

**Norco 10/325 MG #60:** Overturned

**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): 74-75.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The utilization review dated 11/7/2014 reports that although the injured worker noted benefit from medications, she remained symptomatic with unchanged subjective complaints and examination findings from previous reports. The urine drug screen on 7/31/2014 revealed inconsistent results with medications prescribed. Additionally, the injured worker reports sleep disturbance complaints, which the reviewer states could be related to chronic medication use. The medical documentation reports that the injured worker is on chronic pain medications and she needs these medications to remain functional. The requesting physician is also taking measures to assess for aberrant behaviour that may necessitate immediate discontinuation of the medications. The injured worker's opioid medication dosing has remained stable and, and she appears to be in a maintenance stage of his pain management. The dosing is up to 20 mg morphine equivalent dose per day, well below the 120 mg per day ceiling that is recommended by the MTUS Guidelines. Although the physical exam remains the same, the use of Norco is allowing the injured worker to remain more functional. The requesting physician reports periodic urine drug screening and other precautions to assess for aberrant drug behavior. The urine drug screen referenced by utilization review was not provided for review, and there is no indication in the medical reports that the injured worker is displaying any aberrant drug behavior. Finally, the concern that sleep disruption is due to medication use seems rather speculative by the reviewer as there are no side effects of medications taken reported. Medical necessity of this request has been established by the requesting physician within the recommendations of the MTUS Guidelines. The request for Norco 10/325 MG #60 is determined to be medically necessary.