

<b>Case Number:</b>	CM14-0202990		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	02/19/2009
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Internal 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:

According to the records made available for review, the injured worker is a 61 year-old male with a date of injury of 02/19/2009. The results of the injury include injury to the bilateral shoulders, left ankle, and low back. Diagnoses include strain/sprain of the cervical spine, right shoulder rotator cuff tendinosis and partial tear, left shoulder rotator cuff tendinosis and partial tear, and internal derangement and meniscus tear to the left knee. Diagnostic studies were not included in the submitted documentation. Treatments have included medications, steroid injection at the left shoulder, and Euflexxa injections at the left knee. Medications have included Ibuprofen and Norco. A progress note from the treating physician, dated 11/12/2014, documents the injured worker to have complaints of increased bilateral shoulder pain. Documentation includes that the injured worker is taking Ibuprofen daily and Norco three to five times weekly, and notes improvement in pain with the current medication regimen. The injured worker rated the pain at 7-8/10 on the analog scale without medication; and 3/10 on the analog scale with medication. Functional improvement, improvement with activities of daily living, and increased ability to work are noted with the current medication regimen. Objective findings on this date include tenderness over the anterior aspect of the right and left shoulders with positive bilateral impingement; decreased active range of motion of the bilateral shoulders; and minimal tenderness about the medial joint line of the left knee. The treating physician notes that the injured worker is also being treating for a back injury and left ankle injury by two other physicians. Work status is listed as permanent and stationary. The plan of treatment is documented to include continuation of treatments for the left ankle and low back injury; continue with home exercise; and prescription for Norco 10/325 mg #100. Request is being made for Norco 10/325 mg #100. On 11/18/2014, Utilization Review non-certified a prescription for Norco 10/325 mg #100. Utilization Review non-certified a prescription for Norco 10/325 mg #100.

based on the documentation not clearly reflecting continued analgesia, continued functional benefit, or a lack of adverse side effects. As well, there was no clear and concise documentation for ongoing management of long term opiate use. The Utilization Review cited the CA MTUS 2009: Chronic Pain Medical Treatment Guidelines: Opioids, Specific Drug List; Opioids, Criteria for Use; and Weaning of Medications: Opioids. Application for independent medical review was made On 12/04/2014.

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

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

**Norco 10/325mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids, specific drug list Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #100 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic narcotic usage. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed pain and function. Opioid medications are not intended for long-term use. In this case, the injured worker's working diagnoses are sprain/strain of the cervical spine with 4 mm disc herniation at C6 - C7; right shoulder rotator cuff tendinosis and partial tear; left shoulder rotator cuff tendinosis and partial tear; and internal derangement and meniscus tear, left knee. The injured worker has received multiple cortisone injections, and physical therapy. The documentation indicates the treating physician prescribed Norco 10/325 in a March 17, 2014 progress note. The documentation does not contain evidence of objective functional improvement associated with ongoing opiate use. Opiates are not intended for long-term use. The injured worker has been taking Norco in excess of nine months with no tapering or changes in dosing. Consequently, absent the appropriate clinical documentation reflecting objective functional improvement and clinical rationale to support the ongoing use of Norco, Norco 10/325 mg #100 is not medically necessary.