

<b>Case Number:</b>	CM14-0205160		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	02/16/2012
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 44-year-old female with a 2/16/12 date of injury, when she sustained injuries to her shoulders, neck, back, wrists and psyche, due to repetitive movements. The patient underwent right shoulder arthroscopic surgery and distal clavicle resection on 1/30/13, right carpal tunnel release on 1/6/14, and left carpal tunnel release on 4/17/14. The progress note dated 9/15/14 indicated that the patient was not utilizing Norco on a daily basis and that the UDS test dated 9/10/14 was negative for Hydrocodone. The patient was seen on 11/19/14 with complaints of 8/10 neck pain aggravated with turning her head and 8/10 back pain aggravated with prolonged standing and walking. The patient was noted to be on Norco TID, Ibuprofen BID and Gabapentin BID. The patient stated that her pain was 9-10/10 without medications and 5/10 with medications and she noted improvement with her ADLs. The patient denied any side effects from her medications. Exam findings revealed tenderness in the bilateral cervical paraspinals and trapezial muscles. The active range of motion of the cervical spine was: flexion 30 degrees, extension 40 degrees, and lateral rotation 80 degrees. The diagnosis is herniated nucleus pulposus of the cervical spine, status post bilateral carpal tunnel release, status post right shoulder subacromial decompression and distal clavicle resections, and bilateral ulnar neuritis. Treatment to date: shoulder surgery, bilateral carpal tunnel release, PT, cortisone injections, chiropractic therapy, H-wave, and medications. An adverse determination was received on 11/26/14. The request for 100 Tablets of Norco 10/325 mg was modified to 22 tablets given that the patient's response to prior use of Norco was not documented, there were no noted indications of plans to taper the medication dose over the time and that the past UDS test was negative for Hydrocodone. The weaning off of Norco was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**100 Tablets of Norco 10/325 mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates  
Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2012 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records indicated that the patient's pain decreased from 9-10/10 to 5/10 with the use of Norco, Ibuprofen and Gabapentin. In addition, the progress note dated 9/15/14 indicated that the patient was not utilizing Norco on a daily basis and that the UDS test dated 9/10/14 was negative for Hydrocodone. Additionally, there is no rationale indicating necessity for continued treatment with Norco for this patient. Lastly, the UR decision dated 11/26/14 modified the request for 100 Tablets of Norco 10/325 mg to 22 tablets and weaning off of Norco was recommended. Therefore, the request for 100 Tablets of Norco 10/325 mg was not medically necessary.