

<b>Case Number:</b>	CM15-0101824		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	04/01/2011
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 is a 44 year old female, who sustained an industrial injury on 4/1/11. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical spinal stenosis; left shoulder chronic pain; right shoulder chronic pain; bilateral carpal tunnel syndrome; depression, anxiety due to chronic pain; De Quervain's disease bilaterally. Treatment to date has included status post left shoulder arthroscopic acromioplasty surgery (8/27/12); status post right shoulder repair (2/15/14); status post removal left volar wrist ganglion and left carpal tunnel release (12/1/2014); status post revision right carpal tunnel release (2/18/2015). Diagnostics included MRI cervical spine (3/6/12); MRI right shoulder (8/16/12); MRI left shoulder 2/2013). Currently, the PR-2 notes dated 4/2/15 indicated the injured worker complains of bilateral upper extremity pain. She is a status post right carpal tunnel release of 2/18/15 and the provider notes she continues to heal. She has been working for 2 weeks and taking Norco (6 a day but prescribed 4 a day) as well as Tramadol (4-5 a day). She also takes Trazodone, which has been reduced from 100mg to 50mg at night. She is also taking Lexapro. She wants to taper Norco if she can. The scar over the right wrist appears to be healing well with some mild swelling. The provider reviews a MRI of the cervical spine dated 3/6/12 revealing right-sided foraminal stenosis C4-C5. A MRI of the left shoulder dated 2/2013 showed bursitis, status post acromioplasty and tiny intrasubstance partial tear of rotator cuff. The right shoulder MRI dated 8/16/12 showed a small interstitial tear of the supraspinatus tendon, labral surface fraying, tendinosis of the biceps and subscapularis. She is a status post-surgical repair of 2/15/14. The provider notes discussion with the injured worker regarding an increase in the Tramadol to 6 a day and decrease Norco down to 4 a day with a slow taper over the next few weeks to 3 then 2 a day. The provider is requested an authorization 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 10/325 mg Qty 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/acetaminophen Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**Decision rationale:** With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Furthermore, there did not appear to be adequate monitoring for aberrant behaviors such as querying the CURES database, risk stratifying patients using metrics such as ORT or SOAPP, or including results of random urine toxicology testing. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.