

<b>Case Number:</b>	CM15-0103419		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 63-year-old male, who sustained an industrial injury on October 16, 2012. The injured worker was diagnosed as having left shoulder impingement syndrome, possible biceps tendinitis, possible left rotator cuff tear and cervical degenerative disc disease (DDD). Treatment to date has included therapy, traction magnetic resonance imaging (MRI) and medication. A progress note dated April 21, 2015 states the injured worker complains of neck pain radiating to the left shoulder. Physical exam notes neck spasm, severe pain and decreased range of motion (ROM). There is decreased sensation of the left deltoid and decreased strength of the biceps and triceps. The plan includes surgical consultation, Norco and traction. The patient sustained the injury due to MVA. Patient has received 19 PT visits for this injury. The patient has used a cervical traction. The medication list includes Tramadol, Norco and Diclofen. The patient's surgical history includes left shoulder arthroscopy on 5/4/14. The patient has had urine drug screen test on 1/27/15 that was inconsistent for Norco. The patient has had MRI of the cervical spine on 3/27/15 that revealed disc bulge with foraminal narrowing, degenerative changes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #30, prescribed on 4/21/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80Criteria For Use Of Opioids Therapeutic Trial of Opioids.

**Decision rationale:** Request: Norco 10/325mg #30, prescribed on 4/21/15. Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. The patient has had urine drug screen test on 1/27/15 that was inconsistent for Norco. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #30, prescribed on 4/21/15 is not fully established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. The request is not medically necessary.