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| <b>Case Number:</b>   | CM15-0132283 |                              |            |
| <b>Date Assigned:</b> | 08/19/2015   | <b>Date of Injury:</b>       | 09/21/2011 |
| <b>Decision Date:</b> | 09/15/2015   | <b>UR Denial Date:</b>       | 06/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/08/2015 |

### 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

### 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 65 year old female who sustained an industrial injury on 9-21-11. Diagnoses include: cervicocranial syndrome, brachial neuritis radiculitis, reflex sympathetic dystrophy upper limb, pain in joint shoulder region and upper arm. Progress report dated 6-22-15 continued complaints of upper extremity pain and reflex sympathetic dystrophy. She has ongoing neck pain with bilateral hand and arm pain the left is greater than the right with numbness. She complains of poor sleep due to pain. Right shoulder range of motion is limited due to pain. Plan of care includes: continue medical management, retriail methadone, continue norco 10-325 mg 1 three times per day, #90, continue lyrica, continue lunesta, continue baclofen, recommend trial TN 2 cream therapy, recommend cervical MRI and recommend aggressive treatment of shoulder which is currently locked up frozen shoulder and allow full therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg Qty: 90.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic 2011 injury without acute flare, new injury, or progressive deterioration. The Norco 10/325mg Qty: 90.00 is not medically necessary and appropriate.