

<b>Case Number:</b>	CM15-0147821		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	01/18/2011
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: California, Hawaii  
 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 48 year old female who sustained an industrial injury on 1-18-11 from a slip and fall landing on her right leg and striking her head on the ground. She was medically evaluated, given medications, had computed tomography of the head and multiple x-rays. She then started to develop neck, upper back, bilateral shoulder, low back and right ankle pain. She currently complains of neck radiating to bilateral arms (7 out of 10) and back pain with radiating pain to the bilateral legs (8 out of 10); persistent bilateral hand numbness; pain in the feet. On physical exam of the cervical spine there was tenderness to palpation with spasms, positive cervical compression test, nearly normal range of motion; lumbar spine had tenderness to palpation with spasms, positive straight leg raise, decreased range of motion; tenderness to palpation over the right ankle, shin with normal range of motion but with pain. Industrial medications were Motrin, Norco, Flexeril. Diagnoses include spur off the anterior inferior body of C5 and narrowing between C6-7; cervical spine sprain, strain; tears of anterosuperior through anteroinferior labrum, right shoulder (MRI 1-30-12); Type 11 acromion with impingement syndrome, bilateral shoulder (x-ray 2-4-14); 2 millimeters acromioclavicular joint space, 7 millimeters of glenohumeral joint space, right shoulder; 2 millimeters acromioclavicular joint space, 6 millimeters of glenohumeral joint space, left shoulder (x-ray 2-4-14); status post superior labrum anterior on posterior lesion repair (4-20-14); lumbar sprain, strain; multilevel posterior disc bulging at L4-5 and L5-S1 (MRI 3-24-11); spur off the anterior inferior body of L4 and narrowing of L5-S1 interspace. Treatments to date include medications; physical therapy. Diagnostics include MRI of the right knee (2-23-11); MRI of the lumbar spine (3-24-11); MRI of

the right ankle (6-19-11); MR arthrogram right shoulder (1-30-12) abnormal; x-rays of the cervical spine, right and left shoulders, lumbar spine (2-4-14). In the progress note dated 6-2-15 the treating provider's plan of care includes a request for Norco 10-325 mg #60 for symptomatic pain relief.

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

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

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use; Weaning of Medications Page(s): 76-80, 91, and 124.

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

**Decision rationale:** The patient presents with pain affecting the neck with radiation to the bilateral arms, and low back with radiation to the bilateral legs. The current request is for Norco 10/325mg #60. The treating physician report dated 6/23/15 (25B) states, "the patient is currently taking Norco 10/325mg, #60, one p.o.q. 6-8h. p.r.n. for symptomatic pain relief." MTUS, pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Norco since at least 7/21/11 (363C). The report dated 6/23/15 (25B) does not note the patient's pain level while on the current medication. No adverse effects or adverse behavior were discussed by the patient. The report dated 6/23/15 notes that the patient has not returned to work and is TTD. The patient's last urine drug screen was not available for review and there is no evidence provided that shows the physician has a signed pain agreement or cures report on file. In this case, all four of the required A's are not addressed, the patient's pain level has not been assessed on each visit and functional improvement has not been documented. The MTUS guidelines require much more documentation to recommend the continued usage of Norco. The current request is not medically necessary.