

<b>Case Number:</b>	CM15-0166493		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	01/03/2008
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 63 year old female who sustained an industrial injury on 1-3-08. Her initial complaints and the nature of the injury are unavailable for review. The Physical Medicine and Rehabilitation New Patient Evaluation, dated 7-22-15, indicates that she has diagnoses of chronic pain of bilateral shoulders - status post open and arthroscopic surgeries (bilateral) - adhesive capsulitis (bilateral), cervicgia, myofascial pain syndrome and fibromyalgia, long-term use of medications, adjustment disorder with mixed anxiety and depressed mood, sciatica (non-industrial), and osteoporosis (non-industrial). She presented to the provider for pain management, being referred from occupational medicine. She reported chronic pain of her bilateral shoulders, neck, left arm, with reduction of pain noted only with pain medication. Prior treatments have included physical therapy, surgery, pain counseling, injections, including cervical epidural steroid injections, and pain medications. She reported that pain medications "have been the only treatment that has significantly helped with her pain". She had been receiving Morphine, but "has tapered off the Morphine". She was noted to be taking Norco from another provider for "non-industrial sciatica". Her symptoms were noted to be of neck pain radiating to her fingers with numbness of the middle and ring fingers. She was noted to have occasional falls and loss of balance. Her medications included Amlodipine, Duloxetine, Hydrochlorothiazide, Lisinopril, Meclizine, Meloxicam, Morphine (prior notation that she had tapered off this medication), Norco, and Topiramate. The provider indicated that "there are several non-industrial pain conditions that may overlap with the industrial injury, including fibromyalgia and sciatica". The report states that she has been seeing a neurologist on a "non-

industrial basis for chronic neck pain". However, it also states that she "did not disclose the work injury of the neck and reports there was an abnormality on x-ray and an MRI is planned". Treatment options for pain control were discussed. These included acupuncture, nerve blocks, trigger point injections, and manipulation under anesthesia for severe adhesive capsulitis bilaterally. A urine drug screen indicated positive opiates, Oxycodone.

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

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

**Norco 10/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** Based on the 7/30/15 progress report provided by the treating physician, this patient presents with pain in bilateral shoulders, neck left arm pain radiating to fingers with numbness of middle/ring fingers, with pain rated 10/10, and reduction of pain only noted with pain medications. The treater has asked for Norco 10/325mg #30 on 7/30/15. The patient's diagnoses per request for authorization dated 8/5/15 are adhesive capsulitis of shoulder (bilateral), chronic pain of bilateral shoulders s/p open and arthroscopic surgeries (bilateral), cervicgia, encounter for long term use of other medications, adjustment disorder with mixed anxiety and depressed mood, sciatica (non industrial), myofascial pain syndrome and fibromyalgia (diagnosed by MRI), and osteoporosis (non industrial). The patient is s/p physical therapy, surgery (unspecified, for bilateral shoulder in 2008 and 2009), pain counseling, injections including CESIs, and pain medications which have all failed except for the medications per 7/30/15 report. The patient states that Morphine reduces pain by 25 to 30 percent per 2/9/15 report. A urine drug screen on 11/10/14 showed consistent with prescribed meds per 2/9/15 report. The patient is currently taking Norco for sciatica, topiramate for migraines without much relief, and has tapered off Morphine per 7/30/15 report. The patient's work status is permanent and stationary per 2/9/15 report. MTUS, Criteria For Use Of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." Mtus, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria For Use Of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications For Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The treater does not discuss this request in the reports provided. Patient was taking Morphine for several years and weaned off it several months ago per 7/30/15 report.

Patient has been taking Norco since 7/22/15 and is currently taking it per 7/30/15 report. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. A CURES report was provided, and was consistent per 7/29/15 report. However, utilization review letter dated 8/12/15 states a urine drug screen on 7/22/15 showed inconsistent, showing oxycodone as well as Norco. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request is not medically necessary.