

<b>Case Number:</b>	CM15-0189398		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	07/01/2009
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 58 year old female, who sustained an industrial injury on 7-01-2009. The injured worker is being treated for neck pain, bilateral shoulder pain with impingement, bilateral lateral epicondylitis, bilateral carpal tunnel syndrome, status-post surgery bilaterally and repeat release on the left, bilateral CMC arthritis left greater than right status post left CMC arthroplasty, partial-full thickness rotator cuff tear of the right shoulder status post subacromial decompression, Mumford procedure, labral debridement and mini open rotator cuff repair, frozen right shoulder, and medial pain right elbow with mild ulnar neuritis. Treatment to date has included surgical intervention, medications, home exercise program, cortisone injections, diagnostics, physical therapy and splinting. Per the Primary Treating Physician's Progress Report dated 8-25-2015, the injured worker reported neck pain. Medications include Voltaren gel, Motrin, Norco and Celebrex. Physical exam is documented as "unchanged." There is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the provider do not document efficacy of the prescribed medications including Norco. She has been prescribed Norco since at least 2-13-2013. Work status was temporarily totally disabled. The plan of care included refills of Norco and omeprazole and continuation of home exercise. Authorization was requested for Omeprazole 20mg #30 and Norco 10-325mg #120. On 9-02-2015, Utilization Review modified the request for Norco 10-325mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter updated 7/15/15.

**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:** The patient presents with pain in the elbows, wrists and hands. The request is for Norco 10/325MG #120. The request for authorization is not provided. Patient is status post bilateral carpal tunnel surgery. She notes she developed pain in the neck and shoulders after the surgery. She does have tenderness about the lateral epicondyles, a positive grind test bilaterally, with X-ray evidence of CMC arthritis bilaterally. Range of motion of the neck is 50% of normal with pain. Both shoulders have 35% of range of motion with tenderness in the subacromial area and over the a.c. joint. She also has evidence of bilateral shoulder impingement. She notes that the cortisone injection provided temporary benefit. Patient's medications include Motrin, Voltaren, Celebrex, and Norco. Per progress report dated 08/25/15, the patient is TTD. 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." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Treater does not specifically discuss this medication. Patient has been prescribed Norco since at least 02/13/13. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS, or opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.